



INJURY REPORT FORM

Complete in Duplicate (one for parent/one for RYSI)

Date: _____ Time: _____ Sport: _____
mm/dd/yyyy

Team/Coach Name: _____

Person Completing this form: _____

Player's Name: _____ Grade: _____

Type of Injury and Location on Body: (for example, sprained ankle) _____

How did the injury occur?: _____

Was any treatment administered? YES NO

If yes, please describe: _____

End result: () player sat out () EMT's called () transport to hospital () other

Please describe: _____

Follow up: _____

Coach's Signature: _____

Parent Signature: _____