

### Linganore Youth Football Injury Report

Name of injured player \_\_\_\_\_ Team \_\_\_\_\_

Date of Incident \_\_\_\_\_ Time \_\_\_\_\_

Location \_\_\_\_\_

Type of injury \_\_\_\_\_

Brief Details of how injury occurred \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Person(s) providing care \_\_\_\_\_

Describe care provided \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Action Taken (please check all that apply)

Remained on sidelines \_\_\_\_\_

Concussion Protocol \_\_\_\_\_ \*\*

Parent took home \_\_\_\_\_

Head Coach Initials \_\_\_\_\_

911 called \_\_\_\_\_

Transported to hospital \_\_\_\_\_

Name of person completing this form \_\_\_\_\_

Signature \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

\*\*When Concussion Protocol is conducted, the player must submit a Doctor's clearance before returning to play.

Please attach a copy of a Physician's diagnosis and final clearance when applicable.