



## PLAYER INJURY REPORT FORM

Player Name \_\_\_\_\_ Date \_\_\_\_\_  
Player Address \_\_\_\_\_ Age \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_ Sex \_\_\_\_\_  
Parent/Guardian Address \_\_\_\_\_ Division \_\_\_\_\_  
Date of Injury \_\_\_\_\_ Time of Injury \_\_\_\_\_ Team \_\_\_\_\_  
Location of Player When Injured \_\_\_\_\_

Nature/Extent of Injury (place X in box)

Bruise	<input type="checkbox"/>	Cut	<input type="checkbox"/>
Fracture	<input type="checkbox"/>	Scrape	<input type="checkbox"/>
Sprain	<input type="checkbox"/>	Other	<input type="checkbox"/>

Location of Injury (Specify Body Part)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fully explain what player(s) was/were doing when injured:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was injury due to defective equipment? \_\_\_\_\_

First-Aid Administered? Yes No

Player Released to: Parent Guardian ER Doctor Stayed at Field

Parent/Guardian Notified By: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Signature of Reporting Person: \_\_\_\_\_ Date: \_\_\_\_\_

**REPORT MUST BE MAILED OR SCANNED WITHIN 48 HOURS TO:**

**PO BOX 300202, ESCONDIDO, CA 92030 pminkoff@escondidosoccerclub.org**