Mile High Football League
ACCIDENT REPORT

Today's Date: _____ Team: _____ Head Coach:_____

Date of Injury: _____ Time: _____

Location of Injury:_____

Injury occurred at practice or game:_____

Player Name: _____ Phone:_____
Address: _____ City: _____ Zip: _____
Player Age: _____ Name of Parent/Guardian: _____

Was the Parent/Guardian Notified? _____ Was a MHFL Director Notified?_____

Description of Accident/Incident:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Was this a head injury? _____ Was the ambulance called? _____
Was player taken to the hospital? _____ If yes, where?_____

COACH'S SIGNATURE: _____ Date: _____

This form MUST be filled out if an injury occurs on the field with a player at practice or at a game that requires medical attention, hospitalization or medical visit within 24 hours. The Player may not return to practice until a medical release is given by a physician. Upon completion, please return this form to the Football Director and keep a copy for your records.

MHFL USE ONLY

Date Received: _____
Football Director's Initials:_____

Did the player visit a doctor? _____
If no, why? _____

Date player is released to participate in full activity:
_____
Date Medical Release Received_____

A copy of the medical release must be attached.