

**White Bear Youth Football Association
Injury Report**

(Please complete this report after an injury to a player and return to your grade coordinator, League President, or the concession stand within 24 hours of injury.)

Name of injured person: _____ Date of injury: _____

Location of incidence: _____ Time: _____

Address of injured person: _____ Home telephone: _____

Who was notified: _____

Describe the injury: _____

Witnesses to the injury: _____

Emergency care provided: _____

Who provided the emergency care: _____

Comments: _____

Follow up remarks: _____

Team name: _____ Grade level: _____

Coach's name: _____ Coach's telephone: _____

Activity in which the injury occurred (check all that apply)?

- practice game
- scrimmage drill
- break unsupervised activity

other (specify): _____

When did the injury occur?

- before practice or game early in session
- middle late, toward end
- after practice or game

Signed by: _____ Date: _____