



Orange County Youth Football League, Inc Injury Report

Player's Name: _____ Date of Injury: _____

Town: _____ Team: _____ Coach: _____

Location: Where specifically did injury take place? _____

Home Field Away Field Other _____

Explain: _____

Player taken to hospital or doctor? Yes No

Taken for medical attention by Ambulance Parents Other

Where Parents present? Yes No

Where Parents notified? Yes No Notified by whom: _____

Was local league board member notified? Yes No Who? _____

Write a brief description of the injury, what action was the player doing at the time of the injury? _____

Did the player have to stop practice or game activity? Yes No

Did player return to normal practice? Yes No If yes when? _____

If the player was unable to return to normal activity, we need a doctor's note for player to return. **Any player who went to doctor or hospital must have a doctor's note to return.**

Date Injury Report was submitted to OCYFL: _____

Who submitted the report to OCYFL? _____