

FLRHA Incident Report  
PLAYER INJURY REPORT

Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM PM

Facility Name: \_\_\_\_\_

Location within Facility where Incident Occurred: \_\_\_\_\_

Coach Name(s): \_\_\_\_\_

Team Level: \_\_\_\_\_ Incident Occurred During: Game Practice Other

Player Name: \_\_\_\_\_ Player Age: \_\_\_\_\_

Name of Parent(s): \_\_\_\_\_

Describe Incident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was First Aid administered on site? Y or N

Who administered First Aid?: \_\_\_\_\_

What type of First Aid was administered?: \_\_\_\_\_

Was the player transported to hospital? Y or N

How was player transported? ( ambulance, parent(s), guardian, coach, manager, other)  
\_\_\_\_\_ provide name of person that transported \_\_\_\_\_

Coach Follow Up – This section **MUST BE COMPLETED BY HEAD COACH**

**Telephone parent or guardian of injured player within 24 hours of incident and complete the following;**

1. Ask how player is doing/feeling?(describe) \_\_\_\_\_
2. Was player seen by a doctor? Yes No
3. What was result? \_\_\_\_\_
4. Has player been released by physician to return to competition/practice?  
Yes No

If Yes what is date of return: \_\_\_\_\_

Date of Follow Up Call by Coach: \_\_\_\_\_

Time of Follow Up Call by Coach: \_\_\_\_\_

Person I Spoke With: \_\_\_\_\_

**This FORM must be completed in full and returned to The FLRHA Board of Directors or the FLRHA Safe Sport Coordinator within 48 hours of the above detailed incident.**

Completed by: \_\_\_\_\_ (signature)

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

FLRHA  
Player Injury Report  
Updated:090515

When Saving This File, Please SAVE AS = FLRHA Incident Report.[Team Level].[Player Last Name].[Date Filed]