Big South Youth Football League

INJURY & INCIDENT REPORT FORM

INSTRUCTIONS: This form is to be completed by the Head Coach for any injury that requires referral to a physician or hospital or immediate medical treatment. **This report must be completed and signed by the players Head Coach. This form must be completed and turned in to the Competition Commissioner, Co Director, or Director within (3) Days from the time of injury.**

Players name (print) _____ Jersey Number _____
Date of Injury: _____ Time: _____ Division _____ Team: _____

EVENT:
□ Practice □ Game □ Scrimmage □ Other (describe) □ Transportation to / from _____
EQUIPMENT IN PLACE AT THE TIME OF INJURY: (CIRCLE APPROPRIATE NUMBER):
1. Full 2. Helmet Only 3. Helmet and Shoulder Pads 4. None
POSITION: (CIRCLE APPROPRIATE NUMBER):
1. Defensive Line 2. Offensive Line 3. Defensive Backfield_____
4. Offensive Backfield _____ 5. Other_____

LOCATION OF INJURY: (INDICATE OF LEFT OR RIGHT BY WRITING THE APPROPRIATE NUMBER ON THE LINE):
Right: _____ Left: _____
1. Head 8. Spleen 15. Hand 22. Thigh
2. Neck 9. Pelvis 16. Wrist 23. Hip
3. Back 10. Arm 17. Finger 24. Collar Bone
4. Ribs 11. Leg 18. Thumb 25. Forearm
5. Teeth 12. Foot 19. Elbow 26. Eye
6. Mouth 13. Ankle 20. Toe 27. Kidney
7. Nose 14. Knee 21. Shoulder 28. Genitals
Other _____

TYPE OF INJURY: (CIRCLE THE NUMBER OF THE KNOWN OR SUSPECTED NATURE OF INJURY. IN CASE OF MULTIPE INJURIES, NUMBER THE CIRCLES TO CORRESPOND THE INJURY ON THE PREVIOUS SECTION)
1. Fracture 4. Bruise / Contusion 7. Puncture
2. Sprain / Strain 5. Laceration 8. Other (describe)
3. Tear 6. Dislocation / Subluxation _____
TREATMENT: (CIRCLE APPROPRIATE NUMBER):
1 Ice 5. Compressions 8. Taping / Splinting
2. Observation 6. Returned to team / game 9. Other (describe):_____
3. Request Ambulance 7. Referral to Physician _____
4. Transported by other (name): _____
Description: (briefly describe the actions of the athlete, the athlete's chief complaint and your suspicion of the nature of the injury)
_____
_____
_____
_____
_____
Head Coach Signature: _____Date:_____
Head Coach Print Name:_____
League Representative Signature: _____Date: _____
Witnesses:_____,_____

Big South Youth Football League

RESUME PARTICIPATION MEDICAL CLEARANCE FORM IS REQUIRED TO RESUME PARTICIPATION OF ANY KIND AFTER ORIGINAL MEDICAL CLEARANCE IS VOIDED BY AN, INJURY, ACCIDENT, OR ILLNESS.

I, hereby my signature below, do certify that I am licensed by the state and am qualified in determining that: (Childs Name:)_____ is physically fit and I have found no medical or observable conditions which would contra indicate him/her from RESUMING participating in youth flag football, tackle football, cheer, dance, step or athletic activities. I am therefore clearing this individual for athletic participation.

_____ _____ _____

Signature Print

_____ _____

Date Phone

PLEASE NOTE: If this Resume Participation Medical Clearance is voided by injury, accident, or illness, it will be the responsibility of the Parent/Legal Guardian to notify the participants Coach and League Officials. It will also be the responsibility of the Parent / Legal Guardian to obtain WRITTEN permission from his/her physician to resume participation. A new "Doctors Resume Participation Medical Clearance Form" is available from the league or you may have the doctor supply his/her own WRITTEN Clearance as long as it is on the doctor's official stationary and includes the following statement: "(Participants Name) is physically fit and I have found no medical or observable conditions which would contra indicate him/her from RESUMING participating in youth flag football, tackle football, or cheerleading activities. I am therefore clearing this individual for athletic participation.
This statement must be supplied by the physician attending to the injury, accident, or illness.
This form can be modified or substituted ONLY to comply with local and/or state laws or due to medical practitioner regulations.