

SFPAL 49ers Football / Cheer Injury Incident Report

Head Coaches, if a participant on your team suffers an injury during the course of practice or play, then please complete the below Injury Incident Report and forward it to the SFPAL Office.

Date of Injury: _____ Time of Injury: _____ AM / PM

Date Form Completed: _____

Address where injury occurred:

Type of Injury: _____

Program: Football / Cheer

Team: 8U / 10U / 12U

Participant's Full Name: _____

Participant's Date of Birth: _____

Participant's Address: _____

Parent / Guardian's Full Name that was notified: _____

Parent's Contact Number:

Describe How the Injury Occurred:

Treatment Received:

Please indicate what first aid was provided, if any and if further medical treatment was recommended; to seek further professional evaluation from a doctor.

Name of Head Coach Completing Form:

Contact Number: _____