



Billerica Pop Warner Injury Report Form



INSTRUCTIONS: This form is to be completed by the head coach or assistant coach (if head coach is not present) for the following:

- Any injury that removes a player from the playing field for an extended period of time and/or the remainder of the game/practice.
- Any head injuries (player must be removed for the remainder of the game/ practice)
- Any instance that requires the contacting of emergency personnel

**** This form must be completed and turned into player safety coordinator for BPW within 48 hour from the time of injury.****

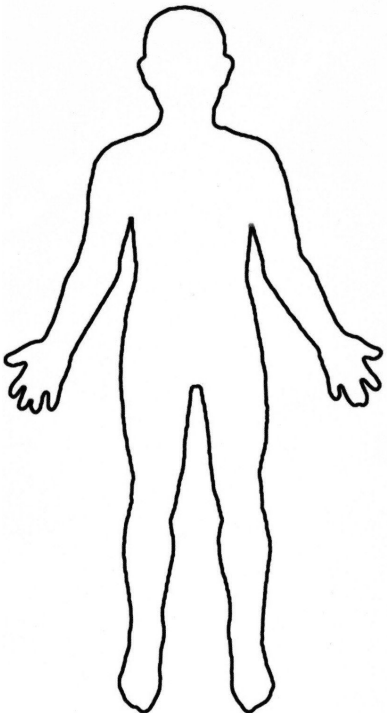
Players Name: _____

Date & Time Of Injury: _____

Coaches Name: _____ Team: _____

Event: Practice Game Scrimmage Other (explain) _____

LOCATION OF INJURY: Indicate by circling the area of the injury



Description: Briefly describe the actions up to the point the player was injured and the actions that were taken by the coaching staff and others that were involved

Coaches Signature: _____

**** Parents need to be informed immediately of the injury.**

Prior to athlete returning to field, there must be a signed medical release turned in.**