



## HEREFORD YOUTH FOOTBALL INCIDENT/INJURY REPORT

To be completed within 12 hours of incident/injury

Incident Date: \_\_\_\_\_ Incident Time: \_\_\_\_\_

Injured Person Name: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Numbers: \_\_\_\_\_ Email: \_\_\_\_\_

Circle One: Male/Female

Date of Birth: \_\_\_\_\_

Details of Incident:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Injury Type:

\_\_\_\_\_

Does Injury require Hospital/Physician? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Hospital Name: \_\_\_\_\_

Address: \_\_\_\_\_

Important Notes and Instructions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Prepared By: \_\_\_\_\_ Date: \_\_\_\_\_

Number: \_\_\_\_\_ Email: \_\_\_\_\_

A copy should be given to the player/parent, HYF Board, and one for Coaches record.

