



Cen-Cal Junior Football Injury Report Form

Team Reporting: _____ Player: _____

Date of Occurrence: _____ Time of Occurrence: _____ am pm

Location of Occurrence: _____

Description of
Occurrence: _____

Was Player Conscious? YES NO Who was first responder? _____

Was Player removed from facility? YES NO If YES, by whom _____

League Rep for Team: _____ Date: _____

Date Player released by Physician _____ (Reference attached release)

Cen-Cal Commissioner _____

This form is to be filled out immediately by the players Cen-Cal Rep and submitted reported within 48 hours. This form is to be filled out ONLY if a player has been injured and was removed from the field by medical personnel and transported either by Ambulatory service or the service waived and player taken to local health care facility by a parent and/or guardian.