

KATY YOUTH FOOTBALL (KYF) INJURY REPORT FORM

Date: _____ Time: _____ a.m. / p.m.

Player's Name: _____

Type of injury: _____

Body area involved: _____

Cause of injury: _____

Extent of injury: _____

Person administering first aid (name): _____

First aid administered: _____

Other treatment administered: _____

Follow up action: _____

Person administering first aid (signature): _____

Date: _____

Form to be turned into KYF tent on game day and sent to Divisionals within 48 hours after injury