



CEDAR AREA SELECT SOCCER ASSOCIATION
INJURY REPORT FORM
Effective July 1, 2019

INSTRUCTIONS: This form is to be completed by the Head Coach, or an assistant Coach if Head Coach was not present, for any injury that removes a player from the playing field for an extended period of time and/or the remainder of the game or practice. Any head injuries (player must be removed for the remainder of the game or practice) and any item that required contacting of emergency personnel. This form must be completed and turned into the Safety Coordinator and/or Vice President for CASSA within 48 hours from the time of the injury.

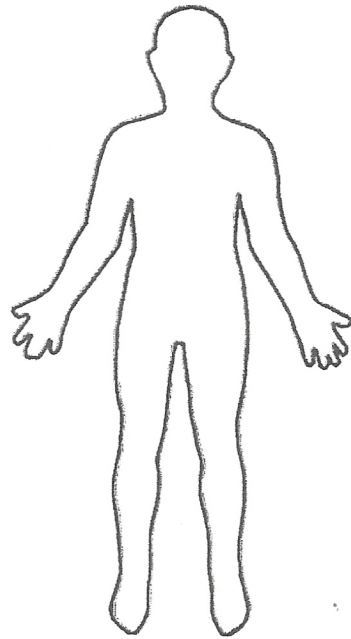
Players Name _____ Date & Time of Injury _____

Coach Name _____ Team Name _____

Event: Check applicable event _____ Practice _____ Game _____ Scrimmage _____ Other (explain) _____

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

Location of Injury: (Indicate by circling the are of the injury)



***Coaches:** Parents need to be informed immediately of the athlete's injury. Prior to the athlete resuming practices, there must be a signed medical release made available to the player's coach.