

WESTSHORE FOOTBALL ASSOCIATION

Injury Report

Name of injured person: _____ Team: _____

Date of incident: _____ Site/Facility of incident: _____

Role of injured person (circle one): Athlete Coach Official Spectator Volunteer

First Aid Provided by: _____ Time: _____

Signature of First Aid attendant: _____ Name of Witness: _____

Initial Treatment: None Required CPR RICER Crutches Sling/Splint Dressing Massage/Stretch

Did the incident take place during (circle one): Practice Game Other: _____

Nature of injury: New Aggravated Recurring Other: _____

Symptoms of injury: Blisters Bleeding Nose Bruising/contusion Cut Graze/abrasion

Sprain Strain Inflammation/swelling Cramp Suspected bone fracture/break

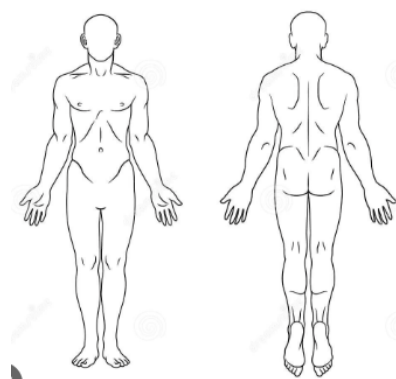
Dislocation Head injury/Suspected concussion Loss of consciousness Spinal injury

Respiratory problem Cardiac problem Electrical shock Burn Insect bite/sting

Poisoning Heat related/dehydration Other: _____

Describe the incident and how it occurred: _____

Body part injured:



PEARLA Yes No
(Pupils Equal and Reacting to Light and Accommodation)

Was protective equipment worn on the injured body part? Yes No

Name of person completing form: _____

Signature: _____

Were emergency medical services contacted? Yes No

Was the injured person transported to a medical facility? Yes No

Please return this completed form to: WestshoreFA@gmail.com