

SAYFCO
Injury/Illness Report

Date: _____

Time of Incident: _____

Athlete's Name: _____

Team: _____

Coach: _____

Location where incident occurred: _____

Describe Incident: _____

Was First Aid Provided?: _____

By Whom?: _____

Describe First Aid Provided: _____

Was 911 called: _____ Time called: _____ Time arrived: _____

Was athlete taken to hospital by EMS?: _____ Which Hospital?: _____

Did athlete seek medical care?: _____ Where?: _____

Who accompanied the athlete?: _____

Was Parent called? _____ Time called: _____ Time arrived: _____

Comments: _____

DO NOT WRITE BELOW THIS LINE
SAFETY DIRECTOR FOLLOW UP

Diagnosis: _____

Treatment: _____

Full Participation: _____ NO Participation: _____

Limited Participation with the following restrictions: _____

Physician's note required to return: _____ Received: _____

Safety Director (Print): _____ Date: _____

Signature: _____