



GHSC Injury Report

NAME OF INJURED PERSON: _____ DATE OF INJURY: _____

WHO WAS INJURED (CIRCLE ONE): PLAYER COACH REFEREE SPECTATOR

TEAM AGE GROUP _____ TEAM NAME: _____

LOCATION OF INCIDENT (FIELD NAME): _____

GAME or PRACTICE? OPPOSING TEAM: _____ REFEREE _____

NAME OF PERSON SUBMITTING REPORT: _____

TITLE: _____ PHONE: _____ EMAIL: _____

DESCRIPTION OF INJURY (CIRCLE): HEAD APPENDAGE STOMACH OTHER: _____

DESCRIPTION OF THE EVENTS THAT LED TO THE INJURY: _____

PARENT/GUARDIAN NOTIFIED (CIRCLE): YES NO BY WHOM: _____ TIME: _____

CONCUSSION PROTOCOL INITIATED? (CIRCLE): YES NO

SIGNATURE: _____ DATE: _____

SUBMIT THIS FORM TO YOUR AGC WITHIN 24 HOURS OF THE INCIDENT