



All reportable incidents to be filled out by a TCYFL Community Football Representative (i.e. Head Coach, Assistant Coach, Field Marshall, Player Safety Coach) or the On-Site Athletic Trainer

A REPORTABLE INCIDENT IS ANY ACCIDENT OR INCIDENT THAT REQUIRES MEDICAL ATTENTION OR REQUIRES THAT A PLAYER BE REMOVED FROM PLAY OR FROM AN ORGANIZED PRACTICE. MEDICAL ATTENTION MAY INCLUDE BUT IS NOT LIMITED TO SUSPECTED HEAD TRAUMA, A LACERATION, A SPRAIN OR A BROKEN BONE. AN INJURY THAT MAY REQUIRE A COLD PACK OR A BAND-AID BUT IS NOT CONSIDERED SEVERE IS NOT NECESSARILY REPORTABLE. IF UNSURE IF AN INCIDENT IS CONSIDERED REPORTABLE, PLEASE FILL OUT THE FORM OR CONTACT THE TCYFL VP OF HEALTH & SAFETY WITH ANY QUESTIONS.

Name of Injured Person: _____

Date of Incident: _____

Time of Incident: _____ **Location of Incident:** _____

Phone Number of Injured Person (or parent): _____

Email of Injured Person (or parent/guardian): _____

Team (if applicable): _____

Coach Name : _____ **Coach Phone:** _____

TCYFL Community: _____ **Level :** _____

Injured Person is: Player Cheerleader Coach Spectator Other

Witnesses to Injury (name and phone):

On-Site Athletic Trainer (name and phone) (if incident during a TCYFL game):

Injury Occurred During: Practice Scrimmage Game Other (Explain) _____

Describe Injury: _____



Describe exact circumstances which led to injury: _____

Was there Loss of Consciousness? ___Yes ___No If so, how long? _____min.

Was EMS called? ___Yes ___No If so, how long before they arrived: _____min.

Did participant return to activity? ___Yes ___No How long was he out? _____min.

Was parent/guardian instructed to take participant to the hospital? ___Yes ___No

Was the parent/guardian contacted regarding the injury? ___Yes ___No

Who was contacted (parent or guardian) if applicable ?

Who contacted the parent/guardian? _____

Describe how the injury was dealt with (Action taken):

NAME AND PHONE OF PERSON COMPLETING THIS FORM:

SIGNATURE OF PERSON COMPLETING THIS FORM:

DATE _____

SIGNATURE OF HEAD COACH: _____

DATE _____



Incident Report Form

Submit this form to the TCYFL within 48 hours of the incident. The report can be completed online at <http://www.tcyfl.net/report>. If not available please scan and send to jacobsdave@comcast.net. Please notify the community Safety Coach or TCYFL Representative of the incident in a timely manner. If the incident is of a serious nature, after first notifying emergency personnel and parent or contact for the injured individual, please notify via phone call the community Safety Coach and the TCYFL VP of Health & Safety immediately.

Dave Jacobs TCYFL VP Health & Safety cell 847-309-9040 jacobsdave@comcast.net