

Mile High Football League

ACCIDENT REPORT

Today's Date: _____ Team: _____ Head Coach: _____

Date of Injury: _____ Time: _____

Location of Injury: _____

Injury occurred at practice or game: _____

Player Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Player Age: _____ Name of Parent/Guardian: _____

Was the Parent/Guardian Notified? _____

Was a MHFL Director Notified? _____

Description of Accident/Incident:

Was this a head injury? _____ Was the ambulance called? _____

Was player taken to the hospital? _____ If yes, where? _____

COACH'S SIGNATURE: _____ Date: _____

This form MUST be filled out if an injury occurs on the field with a player at practice or at a game that requires medical attention, hospitalization or medical visit within 24 hours. The Player may not return to practice until a medical release is given by a physician. Upon completion, please return this form to the Football Director and keep a copy for your records.

MHFL USE ONLY

Date Received: _____
Football Director's Initials: _____

Did the player visit a doctor? _____
If no, why? _____

Date player is released to participate in full activity: _____

Date Medical Release Received _____

A copy of the medical release must be attached.