

Incident Report Form

The use of this form is required to report all reportable incidents, as described below, incurred in participation of Fairbanks Youth Football and Cheer sanctioned activities. This form is required to be completed by a FYFC Representative (i.e. Head Coach, Assistant Coach, Field Marshall) 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, laceration, a sprain or broken bone. (An injury that may require a cold pack or 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 FYFC FIELD MARSHALL FOR CLARIFICATION.

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's Name: _____ Coach's Phone #: _____

Town: _____ Level (Rooks, Jrs, Srs): _____

Injured Person is: ___Player ___Cheerleader ___Coach ___Spectator ___Other

Witnesses to Injury (name and phone):

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

Injury Occurred During: ___Practice ___Scrimmage ___Game ___Other (Explain)_____

Describe injury:

Describe exact circumstances which led to the injury:

Was there Loss of Consciousness? YES / NO If so, for how long? _____min.

Was EMS called? YES / NO If so, how long before they arrived: _____min.

Did the participant return to the activity? YES / NO How long was individual out? _____min.

Was the parent/guardian contacted regarding the injury? YES / NO

Name of person that was contacted (parent or guardian) if applicable?

Who contacted the parent/guardian? _____

Was the parent/guardian instructed to take participant to the hospital? YES / NO

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

- Submit this form to the FYFC within 48 hours of the incident
- Please scan and send to info@fairbanksyouthfc.com
- Please notify the Field Marshall or FYFC 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 us via phone call 907-888-9710