



PERMIAN BASIN
YOUTH FOOTBALL LEAGUE

PBYFL Injury Incident Report

Team Name: _____ Age Level: _____

Player Name: _____ Parent/Guardian Name: _____

Parent/Guardian Contact Info: _____

Date of Injury: _____ Location of Incident: _____

Parent /Guardian Present at Time of Injury? YES NO

Description of Physical Injury:

First-Aid Rendered:

Description of How Injury Occurred (may use additional pages if needed):

Witness to Injury/ Contact Info:

Follow- up: (Did player seek medical care, EMS called, home to rest?)

Athletic Director Signature

Head Coach Signature
