



NorCal Premier Soccer

Injury Report

Player's Name: _____ Date: _____ Time: _____

Location: _____ Program: _____

Player's Associated Club: _____

Description of Incident/ Injury: _____

Was The Player Removed From Activity: Yes No

If No, Why: _____

Treatment Given: _____

Coach/ Witness Name: _____

I, _____, acknowledge that I have received and been informed of a head injury to my son/ daughter on (date) _____. I also understand that my son/ daughter will not be allowed to return to play without a note from a Certified Medical Professional that my son/ daughter has completed a graduated Return to Play Protocol of at least seven days.

Sign: _____

Date: _____