



Player / Team Injury Log

Player/Team: _____ Safety Person: _____

Date	Name	Injury Description	Management (ice/bandage/tape)	Follow-up/ Recommendations	Injury Report Submitted	Return to play form		Safety Persons Initials
						Requested	Received	

Note: This log should report, **at minimum**, each time;

- A player is removed for the remainder of the game due to an injury sustained during play.
- A player is injured during a practice.
- A player is forced to leave a game or practice for unknown medical reasons.
- A player is injured during a soccer related event or activity.

Note: If an injury requires medical referral and/or hospitalization, complete and submit an Injury Report.