STREAMWOOD BOYS FOOTBALL
ACCIDENT - INJURY REPORT

DATE: _____

NAME OF INJURED PLAYER: _____

PHONE: _____

TEAM: _____

HEAD COACH: _____ PHONE: _____

NATURE OF INJURY: _____

PLACE: _____ TIME: _____ (A.M. - P.M.)

ACTION TAKEN: _____

DESCRIPTION OF ACCIDENT OR INJURY (PLEASE BE VERY SPECIFIC).

COMPLETE & SUBMIT TO PLAYER AGENT WITHIN 24 HOURS:
IMPORTANT: ANY ACCIDENT OR INJURY MUST BE REPORTED.