

WEST MILFORD MIDGET FOOTBALL ASSOCIATION

ATTENTION: HEAD COACHES

MANDATORY PROCEDURES FOR INJURED PLAYERS

RESPONSIBILITIES FOR COACHES

Fill out Emergency Action Plan Form and keep with medical kit for reference.

Fill out Injury Report Form for any injury requiring additional medical attention.

Supply copy of Injury Report Form to VP for Insurance file.

Supply copy of Injury Report Form to Parent for Personal Insurance Company and WM Township Administrators Office.

Parent should contact the Township Administrators Office to report the injury and get additional information.

Contact information

Gail Van Hook
Office of the Township Administrator
1480 Union Valley Road
West Milford, NJ 07480

973-728-2710
973-728-2884 fax

EMERGENCY ACTION PLAN

Coach, Mr., Mrs., Miss _____ will assist injured player.

Coach, Mr., Mrs., Miss _____ will call EMS.

Coach, Mr., Mrs., Miss _____ will supervise non injured players.

Coach, Mr., Mrs., Miss _____ will look for and guide EMS to injured player.

Coach, Mr., Mrs., Miss _____ will get the first aid kit.

Coach, Mr., Mrs., Miss _____ will get ice and water.

Appendix D

Injury Report Form

Date of Injury: _____ Place of Injury: _____

Injured: _____ Age _____ Sex _____

Address: _____ Phone () _____ - _____

City: _____ State: _____ Zip: _____

Association with Program: _____
(e.g., spectator, coach, athlete)

Location/Description of Injury: _____

Description of Circumstances: _____

Action Taken: (check all that apply)

_____ a. none required _____ b. injured refused treatment

_____ c. parent(s) called at _____ am / pm Caller: _____

_____ d. first aid given by: _____

Describe: _____

_____ d. ambulance called at _____ am / pm Caller: _____

_____ e. injured taken to: _____

via: _____

_____ f. others notified: _____ at _____ am / pm

Caller: _____

Witnesses: (1) _____ Phone: () _____ - _____

(2) _____ Phone: () _____ - _____

Date of report: _____ Prepared by: _____

Signature: _____

Retain one (1) copy of this report for your records and submit copy to league official/insurance company

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(2) _____ Phone: () _____ - _____

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Retain one (1) copy of this report for your records and submit copy to league official/insurance company