

**PALOMAR CONFERENCE**  
**INJURY REPORT**

\_\_\_\_\_  
ASSOCIATION

\_\_\_\_\_  
TEAM

\_\_\_\_\_  
NAME OF INJURED

FOOTBALL   CHEER   STAFF  
SPECTATOR   OTHER   (CIRCLE ONE)

DATE OF INJURY \_\_\_\_\_

NATURE OF INJURY (CUT, SPRAIN, FRACTURE, ETC) \_\_\_\_\_

\_\_\_\_\_  
INJURY OCCURRED DURING (CIRCLE ONE)   PRACTICE   GAME   OTHER EVENT: \_\_\_\_\_

EXPLANATION OF HOW THE INJURY OCCURRED: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHO WITNESSED THE INJURY OR RESPONDED TO IT?

\_\_\_\_\_  
NAME

\_\_\_\_\_  
POSITION (COACH, TEAM PARENT, BOARD MEMBER, ETC.)

\_\_\_\_\_  
STAFF MEMBER SUBMITTING REPORT

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
ASSOCIATION PRESIDENT SIGNATURE

\_\_\_\_\_  
DATE

**DO NOT WRITE BELOW THIS LINE**

DATE RECEIVED \_\_\_\_\_   INSURANCE CLAIM FORM ATTACHED?   YES   NO

NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_