

**JUNIOR ALL-AMERICAN FOOTBALL OF SOUTHERN  
CALIFORNIA**

**ACCIDENT REPORT**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Chapter: \_\_\_\_\_

Team: \_\_\_\_\_

Coach's name: \_\_\_\_\_

Player: \_\_\_\_\_

Description of injury:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Location: \_\_\_\_\_

Was this a game or practice? \_\_\_\_\_

Action taken concerning accident/injury: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did this injury require an ambulance: YES / NO

Date signed: \_\_\_\_\_

Chapter AD: \_\_\_\_\_

Parent signature: \_\_\_\_\_