

**FOOTBALL & CHEERLEADING CLUB OF JOHNSON COUNTY, INC.**  
**913-831-6000 (FAX) 236-9188**

**INJURY REPORT FORM**

All injuries, no matter what the severity and whether or not they were witnessed by the person(s) in charge, are to be reported immediately. Reports should be as detailed as possible and returned without delay to the FCCJC Office.

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Team/Squad	Coach	Date
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Participant's Name	Age	Grade	Weight	School
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Address	City	ST	Zip Code
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Parent's Name	Telephone Daytime	Telephone Evening
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Date of Injury	Time of Day	Location of Accident
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Describe injury in detail: \_\_\_\_\_

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\_\_\_\_\_

What action was taken? Was first aid given? If yes, explain fully \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Were the services of a Physician needed? If yes, give name of Physician \_\_\_\_\_

If the participant was taken to hospital, give name of hospital, location and describe how person was transported:

\_\_\_\_\_

\_\_\_\_\_

Were parents or other family members notified? \_\_\_\_\_

List three witnesses to the accident. If there were no witnesses, explain:

1) \_\_\_\_\_  
Name Address Phone

2) \_\_\_\_\_  
Name Address Phone

3) \_\_\_\_\_  
Name Address Phone

**NOTE: THIS FORM MUST BE COMPLETED BY THE HEAD COACH AND TURNED INTO FCCJC FOR ANY PARTICIPANT MISSING MORE THAN TWO PRACTICES OR ONE GAME AS A RESULT OF AN INJURY RECEIVED WHILE PARTICIPATING IN THE FCCJC PROGRAMS, CHEERLEADING AND/OR FOOTBALL.**