



## INJURY REPORT FORM

Date of Injury

SMS Team Name and Age

Full Name of Player

Location

Did injury occur at practice or game?

Type of Injury

Emergency Services Required?

Yes

No

Description of How the Injury Occurred

Person Submitting Report

*Submit completed report within 24 hours of injury to SMS President, [president@stmaryssoccer.org](mailto:president@stmaryssoccer.org).*