 

Player/Team: Safety Person:

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| Date | Name | Injury Description | Management (ice/bandage/tape) | Follow-up/ Recomendations | Injury Report Submitted | Return to play form | | Safety Persons Initials |
| Requested | Received |
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**Note**: This log should report, **at minimum**, each time;

* A player is removed for the remainder of the game due to an injury sustained during play.
* A player is injured during a practice.
* A player is forced to leave a game or practice for unknown medical reasons.
* A player is injured during a soccer related event or activity.

**Note**: If an injury requires medical referral and/or hospitalization, complete and submit an Injury Report.