

MERCER ISLAND FC INJURY REPORT FORM

Please mail completed form to:
MIFC – Injury Reports
P.O. Box 113, Mercer Island, WA 98040

Injured Person:

Name: _____ Phone: _____ Date of Birth: _____

Address: _____ City: _____

Player's team name (if applicable): _____ Gender: _____ BU/GU: _____

Injury Information:

Regular game: _____ Tournament game: _____ Practice: _____ Other: _____

Opposing Team Name (if applicable): _____ Location: _____

Injury Details:

Date Injury Occurred: _____ Time: _____ : _____ am/pm (circle)

Describe the incident in detail below. Attach additional pages if necessary:

Player's Physician / Dr.: _____ Phone: _____

Medical and/or Hospital Insurance Co.: _____ Phone: _____

Policy Holder: _____ Policy #: _____ Group #: _____

Signatures:

Signature of Coach/Attending Official: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

DO NOT WRITE IN THIS SPACE - FOR MIFC BOARD USE ONLY

Report received by: _____ **Date:** _____

Signature: _____