



Ennis Town Football Club Injury Report Form

Name: _____ **Tel. No:** _____

Location: _____ **Date / Time:** _____

Training / Match: _____

Type of Injury:

Cut Bruise Strain Re-injury

Fracture Dislocation Sprain Other

To:

Head Neck Shoulder Back

Chest Hip Arm Elbow

Wrist Hand Thigh Knee

Lower Leg Ankle Foot Stomach

Details: (How injury occurred, first aid steps taken)

Coach: _____ **Tel:** _____

Witness: _____ **Tel:** _____

Signature: _____ **Date:** _____