



Mid-Michigan Rural Football League

767 E. Main St. Suite 1111
Flushing MI 48433



Injury Report

(To be completed by a representative from participants home area)

Reporting Area Representative: _____ Member Area: _____

Injury Location: _____ Date: ____/____/____ Time: ____:____ am/pm
(Game or Practice and site)

Participant Injured : Football Player Cheerleader Coach or Staff

Name _____ Age _____ Team (circle) FR / JV / V 1 / 2 / 3

Details of Injury: *(Bruised, Sprain, Fracture, compound fracture, pulled/torn ligaments, concussion, etc)*

Was Participant Treated By Medical Personnel, Ambulance, etc? Yes No

Was Participant Transported Off Site For Treatment? Yes No

Did or Will Participant miss any practice or play? Yes No

If Yes, Explain how much.

Additional Comments:

Note: Must be completed and submitted to League President at Tuesday meeting following the injury. Additional documents may be attached if necessary. Injuries requiring Ambulance transport are to be reported by phone to League President as soon as possible (248)-618-9551 or 248-342-2298.

MMRFL Injury Assessment Code: _____
"A" -- Major "B" -- Serious
"C" -- Recordable "D" -- Minor
For MMRFL Executive Board Use Only