



## CDMFA Injury Log Template

Creating a comprehensive injury log to use on the sideline is essential for effective injury management and record-keeping in sports. The following key elements should be included in your injury log.

### 1. Injured Person's Information

- **Full Name**
- **Date of Birth**
- **Gender**
- **Contact Information** (Address, Phone Number, Email)
- **Role & Position** (e.g., Player, Coach, Official, Spectator)

### 2. Incident Details

- **Date and Time of Injury**
- **Location of Incident** (Specific venue and exact spot, e.g., "Northwest corner of the field")
- **Activity Type** (e.g., Game, Practice, Warm-up)
- **Specific Event or Drill** during which the injury occurred
- **Equipment Worn:** Note all protective gear the player was wearing at the time of injury (e.g., helmet, shoulder pads).
- **Equipment Fit and Condition:** Assess and record the fit and condition of the equipment.

### 3. Injury Description

- **Body Part(s) Injured**
- **Nature of Injury** (e.g., Fracture, Sprain, Concussion)
- **Symptoms Observed** (e.g., Swelling, Bruising, Loss of Consciousness)

### 4. Mechanism of Injury

- **Cause of Injury** (e.g., Collision with another player, Fall, Non-contact)
- **Detailed Description of How the Injury Occurred**
- **Environmental Conditions** (e.g., Weather, Surface type, Lighting)

### 5. Immediate Action Taken

- **Initial Treatment Provided** (e.g., RICE - Rest, Ice, Compression, Elevation; CPR; Splinting)
- **By Whom** (Name and role of the person administering first aid)
- **Emergency Action Plan Activated** (Yes/No; if yes, which services)

### 6. Witness Information (if necessary)

- **Name(s)**
- **Contact Information**
- **Statements** (Brief description of what was observed)

## **7. Follow-Up Actions**

- **Referral to Medical Professional** (Yes/No; if yes, provide details)
- **Instructions Given to Injured Person and Guardians** (e.g., Rest, Follow-up appointment)
- **Planned Follow-Up** (Schedule for checking on the injured person's status)

## **8. Reporting Official's Information (if EAP was activated)**

- **Name**
- **Position/Role**
- **Signature**
- **Date of Report Completion**

## **9. Return-to-Play Decisions**

- **Medical Clearance:** Document any medical evaluations and clearances before the player returns to play.
- **Player Feedback:** Record the player's own assessment of their readiness to return.

*(Source: Football Alberta, Football Ontario, Football Canada, Queen City United Soccer Club, Ontario Federation of School Athletic Association, Nordiq Canada, viaSport, Canadian Football League, Move United Sport, Hockey Canada, Gymnastics Ontario)*