



**DHFC Player Injury Management Form**

This form is to be given to a player in the event of an injury and needs to be returned to the team manager. It must be signed by the team coach once player is considered fit to play.

Player name: ..... Team - U13 – U14 – U15- U16 – U 18 – 1<sup>st</sup> Grade

Date of Injury: ..... Date Team manager/coach was informed: .....

Where did the injury occur? (Training, Competition Game, Futsal, School or Other):  
.....

**This section is completed by your treating Doctor or Physio:**

Doctor Name: ..... Phone: .....

Physio Name: ..... Phone: .....

Injury Diagnosis:  
.....  
.....  
.....  
.....  
.....  
.....

Number of treatment & Dates:  
.....  
.....

Predicated return to training: .....

Predicated return to play: .....

**Special instructions:**

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.....  
.....

**Can do:**

.....  
.....  
.....

**Avoid:**

.....  
.....  
.....

**Encourage to or limit to:**

.....  
.....  
.....

**Date cleared to play:** .....

**This section is completed by the coach:**

**Coach (sign here):** .....