

COMPLETE AND RETURN TO THE ADDRESS BELOW AS PER WVSSAC REQUIREMENTS

DATE: \_\_\_\_\_ HOME SCHOOL: \_\_\_\_\_ VISITORS: \_\_\_\_\_

Ambulance present at kick off? \_\_\_ YES \_\_\_ NO Ambulance present at game's end? \_\_\_ YES \_\_\_ NO

Was a football player transported by EMS? \_\_\_ NO \_\_\_ YES HOME TEAM \_\_\_ VISITOR \_\_\_

List the injury \_\_\_\_\_

Physician present on sideline? \_\_\_ YES \_\_\_ NO NAME \_\_\_\_\_ MD DO DC

Home trainer: \_\_\_ YES \_\_\_ NO Visitor trainer: \_\_\_ YES \_\_\_ NO

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Credentials: \_\_\_\_\_ Credentials: \_\_\_\_\_

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Name: \_\_\_\_\_ Name: \_\_\_\_\_

Credentials: \_\_\_\_\_ Credentials: \_\_\_\_\_

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