ATHLETIC INJURY REPORT FORM

1. School Name: _____ 2. Activity: _____ 3. Date of Injury:___/___/____

2. Student's Name: _____ 5.Grade:_____ 6. Time of Injury_____

7. Address: _____ 8. Telephone: _____ ( ) Male ( ) Female

9. Body Part Injured:

HEAD	TRUCK	EXTREMETIES		OTHER
__Ear	__Abdomen	__Ankle	__Lower Arm	_____
__Eye	__Back	__Elbow	__Lower Leg	_____
__Face	__Chest	__Finger	__Thumb	_____
__Head	__Groin	__Foot	__Toes	_____
__Neck	__Shoulder	__Hand	__Upper Arm	_____
__Scalp		__Hip	__Upper Leg	_____
		__Knee	__Wrist	_____

10.Type of Injury:

			OTHER
__Abraison	___Bite	___Bruise	_____
__Burn	___Concussion	___Cut	
__Dislocation	___Fracture	___Heat	_____
__Laceration	___Puncture	___Scratch	
__Shock	___Sprain	___Strain	

11. First Aid Given:

			OTHER
___Applied Dressing	___Applied Splint	___Ice	_____
___Kept immobile	___Stopped bleeding	___Observed	
___Washed wound			

12. Action Taken:

___Parent took home ___Transfer to hospital ___Parent took to doctor
___Returned to sport ___Parent took to ER ___Called 911
___Other: _____

13. Explanation of Accident:

___Collision with person ___Collision with obstacle ____Fall
___Hit with object ___Injury to self
___Other: _____

14. Describe: Describe specifically how the injury happened: _____
_____
_____

15. Witness 1: _____ Witness 2: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

16. Form submitted by: _____/_____/_____
PRINT Name Job Title Date

_____/_____
Address Phone Number

Please attach additional comments / information on back of sheet