ATHLETIC INJURY REPORT FORM

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

4. Student's Name: _____ 5. Grade: _____ 6. Time of Injury: _____

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

8. Location of Accident: ( ) Classroom ( ) Field ( ) Gym ( ) Locker Room ( ) Game ( ) Practice ( ) Other

9. Body Part Injured:

HEAD	TRUNK	EXTREMITIES		OTHER
__ Ear	__ Abdomen	__ Ankle	__ Lower Arm	
__ Eye	__ Back	__ Elbow	__ Lower Leg	_____
__ Face	__ Chest	__ Finger	__ Thumb	
__ Head	__ Chest	__ Foot	__ Toes	_____
__ Neck	__ Groin	__ Hand	__ Upper Arm	
__ Scalp	__ Shoulder	__ Hip	__ Upper Leg	_____
		__ Knee	__ Wrist	

10. Type of Injury:

			OTHER
__ Abrasion	__ 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: _____
Address: _____
Phone #: _____

Witness 2: _____
Address: _____
Phone #: _____

16. Form Submitted by: _____
Signature/Date: _____
Address: _____
Telephone #: _____

Please attach additional comments / information on back of sheet