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. ______________________________

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15. Witness 1: ________________________ Witness 2: ________________________
Address: ________________________ Address: ________________________
Phone #: __________________ Phone #: __________________

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

Please attach additional comments / information on back of sheet