

INJURY REPORT – ATHLETIC DEPARTMENT

TO BE COMPLETED BY THE COACH

Record No. _____

1. STUDENT'S NAME _____ COACH'S NAME _____
HOME ADDRESS _____ TEL _____
GRADE _____ AGE _____
2. Injury (illness) information _____
Time and date of injury _____ Game or practice _____
Type of injury _____ Sport _____ Position played _____
3. Description of how injury occurred (include body part; right or left side; etc) _____

4. Treatment given by coach – please circle
ICE REST WOUND CARE SENT HOME WITH PARENT
SENT TO PERSONAL PHYSICIAN SENT TO EMERGENCY ROOM WITH PARENT
SENT TO EMERGENCY ROOM BY AMBULANCE NOTHING DONE
5. MANNER OF NOTIFICATION OF PARENT – please circle
IN PERSON BY PHONE PHONE MESSAGE NOT NOTIFIED
6. COACH'S COMMENTS (day of injury) _____

7. COACH'S COMMENTS (day after injury) _____

8. RETURN TO PARTICIPATION FORM NEEDED: YES _____ NO _____
9. ATHLETIC DIRECTOR'S COMMENTS: _____

COACH'S SIGNATURE _____

DATE _____

ATHLETIC DIRECTOR'S SIGNATURE _____

DATE _____

White copy to A.D. Pink copy to Nurse Yellow copy to be attached to accident report in folder