

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**

<input type="checkbox"/> Ear	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Ankle	<input type="checkbox"/> Lower Arm	
<input type="checkbox"/> Eye	<input type="checkbox"/> Back	<input type="checkbox"/> Elbow	<input type="checkbox"/> Lower Leg	_____
<input type="checkbox"/> Face	<input type="checkbox"/> Chest	<input type="checkbox"/> Finger	<input type="checkbox"/> Thumb	_____
<input type="checkbox"/> Head	<input type="checkbox"/> Chest	<input type="checkbox"/> Foot	<input type="checkbox"/> Toes	_____
<input type="checkbox"/> Neck	<input type="checkbox"/> Groin	<input type="checkbox"/> Hand	<input type="checkbox"/> Upper Arm	_____
<input type="checkbox"/> Scalp	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Hip	<input type="checkbox"/> Upper Leg	_____
		<input type="checkbox"/> Knee	<input type="checkbox"/> Wrist	_____

10. Type of Injury: Abrasion Bite Bruise **OTHER**

Burn Concussion Cut _____

Dislocation Fracture Heat _____

Laceration Puncture Scratch _____

Shock Sprain Strain _____

11. First Aid Given: Applied Dressing Applied Splint Ice **OTHER**

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: _____

Signature/Date: _____

Address: _____

Telephone #: _____

Please attach additional comments / information on back of sheet