

ACCIDENT/INJURY RECORD

Athletic Injury Reports are to be completed **immediately** when an athlete/spectator is injured, and this office is to be notified by this form.

Data

Today's date: _____ Date of injury: _____ Time of injury: _____

Name of injured: _____ Age: _____ Sex: _____ Grade: _____ School: _____

Parent's name: _____ Address: _____

Home telephone: _____ Father's work phone: _____ Mother's work phone: _____

Time of parent(s) notification: _____ By phone _____ In person

Who notified parent(s): _____ Which parent was notified: _____

Injury Information

Sport in which student was injured: _____

Where: _____ Occured during: _____ Game _____ Practice _____ Other

Exact cause of injury (be specific): _____

Physical location of injury: _____ Type of injury: _____

Was a doctor/trainer present: _____ Yes _____ No Was a doctor notified: _____ Yes _____ No

If yes, doctor's/trainers name: _____

Did the doctor/trainer diagnose the injury: _____ Yes _____ No

If yes, what was the accident/injury: _____

Was an ambulance called: _____ Yes _____ No

If yes, time ambulance was called: _____ Arrival time of ambulance: _____

Name of coach supervising activity at the time of the accident: _____

Did the student return to practice or competition following the injury or treatment: _____ Yes _____ No

Was a dental guard worn at the time of injury: _____ Yes _____ No