



ATHLETIC INJURY REPORT - completed by coach

Athlete name: _____ Grade: _____ Sport: _____

Date of injury: _____ Time of injury: _____

Site of injury: Field Gym Locker Room Bus Game Practice

Body Part Injured:

HEAD

- Ear L R
- Eye L R
- Face
- Head
- Neck
- Scalp

TRUNK

- Abdomen
- Back
- Chest
- Groin
- Shoulder L R

EXTREMITIES

- Ankle
- Elbow
- Finger
- Foot
- Hand
- Left Right
- Lower Arm
- Lower Leg
- Thumb
- Toes
- Upper Arm

- Hip
- Knee
- Upper Leg
- Wrist

Suspected Injury:

- Abrasion Bite Bruise Burn Laceration
- Cut Dislocation Fracture Heat Strain
- Puncture Scratch Shock Sprain Fainted
- Concussion** - *Written Clearance/Return to Play form required

OTHER: _____

First Aid Given: By: _____

- Applied Dressing Applied Splint Kept Immobile Stopped Bleeding
- Washed Wound Observed Ice

OTHER: _____

Action Taken:

- Returned to sport Parent took to ER Parent notified
- Called 9-1-1 Parent took home
- Ambulance to hospital Parent took to doctor

OTHER: _____

Explanation of Accident:

- Collision with person Collision with obstacle Fall
- Hit with object Injury to self

Describe specifically how the injury happened: _____

Witness: Name _____
Address _____
Phone _____

Name of coach submitting report: _____ Date: _____

Signature of coach submitting report: _____

Date received by AD: _____ AD Signature: _____

Date forwarded to nurse: _____ Nurse signature: _____

Signature of Principal: _____

THIS REPORT MUST BE SUBMITTED WITHIN 24 HOURS OF THE INJURY

An athlete who has been injured, and has required medical treatment, may not participate in any practice or athletic event for Eastern Christian until a medical clearance is provided by a medical doctor. The medical clearance must be on file in the Athletic Director's office prior to any participation.