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
[ ] Lower Arm [ ] Lower Leg [ ] Hip [ ] Upper Leg [ ] Wrist

Suspected Injury:
[ ] Abrasion
[ ] Bite
[ ] Bruise
[ ] Burn
[ ] Laceration
[ ] Cut
[ ] Dislocation
[ ] Fracture
[ ] Heat
[ ] Strain
[ ] Puncture
[ ] Scratch
[ ] Shock
[ ] Sprain
[ ] Sprain
[ ] 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.