



ATHLETICS INJURY REPORTING FORM

THIS FORM MUST BE COMPLETED BY THE ATHLETE'S COACH & RETURNED TO THE FINANCE DIRECTOR NO LATER THAN 24 HOURS AFTER THE INJURY OCCURS.

Athlete: _____

Supervising Coach: _____

Date of injury: _____ Time of injury: _____ am/pm.

Explain how the injury occurred: _____

Type of injury/area of body affected: _____.

Type of treatment administered and by whom:

Was the parent called? _____. Was professional medical treatment sought? _____.

Signature of person administering treatment:
_____.

Signature of supervising coach (if different from the person administering treatment):
_____.

THIS FORM IS TO BE COMPLETED FOR THOSE INJURIES THAT ARE 'SERIOUS' AND YOU KNOW A MEDICAL PROFESSIONAL WILL BE SEEN TO TREAT/FOLLOW UP ON THE INJURY. (THIS FORM IS NOT NECESSARY FOR A SMALL SCRATCH TO THE ARM, A BLEEDING HANGNAIL, ETC.)