

## ATHLETIC DEPARTMENT INJURY REPORT

---

School Name

---

Facility Name

This report will be made out **on the date the injury occurred**, by the ATHLETIC TRAINER/HEAD COACH.  
 This report will be submitted to the Athletic Office **NO LATER than the day following** the injury.

ATHLETE'S NAME: \_\_\_\_\_ SPORT: \_\_\_\_\_ GRADE: \_\_\_\_\_

MALE: \_\_\_ FEMALE: \_\_\_ DATE INJURED: \_\_\_\_\_ DATE REPORT MADE: \_\_\_\_\_

1. Date report submitted (leave blank) \_\_\_\_\_
2. How were parents notified of injury? \_\_\_\_\_
3. Injury occurred in: Practice \_\_\_\_\_ Game \_\_\_\_\_

Specific Area or Nature of Injury: \_\_\_\_\_

---

5. Type of injury: Contusion \_\_\_ Separation \_\_\_ Dislocation \_\_\_ Temperature Illness \_\_\_  
 Strain \_\_\_ Sprain \_\_\_ Fracture \_\_\_ Wound \_\_\_  
 (Stitches \_\_\_ Number? \_\_\_\_\_)

6. First Aid rendered (describe): \_\_\_\_\_

---

7. Was athlete advised to see physician? Yes \_\_\_ No \_\_\_

8. Physician's Name: \_\_\_\_\_ Location \_\_\_\_\_  
 Hospital \_\_\_\_\_ Location \_\_\_\_\_

9. If not advised to see physician, state reason: \_\_\_\_\_

10. Was an X-ray taken of injury? Yes \_\_\_ No \_\_\_

11. Who was responsible for sending athlete for X-rays? \_\_\_\_\_

12. Was athlete given release date by physician, giving permission to practice?

Yes \_\_\_ No \_\_\_ Release Date: \_\_\_\_\_

13. Athletic Trainer/Head Coach's description of injury, how it occurred, possible injury:

---

Signature of Athletic Trainer/Head Coach submitting report