ATHLETIC INJURY REPORT FORM

COACHES & ADS Revised March 2022

ATHLETIC INJURY REPORT FORM

SCHOOL NAME _____

This report will be made out on the date the injury occurred, by the head coach, an assistant coach, or the athletic director.

Athlete's name: _____ **Sport:** _____

Grade: _____ **Date injured:** _____ **Location:** _____

1. **Were parents notified of the injury:** _____
2. **Injury occurred in: Practice:** _____ **Game:** _____
3. **Type of injury:**

   Dislocation: _____ **Pulled muscle:** _____ **Sprain:** _____

   Fracture: _____ **Break:** _____ **Concussion:** _____

   Other: _____
4. **Was athlete advised to see a physician, state reason.** _____
5. **Was athlete transported to the hospital via ambulance:** _____
6. **Brief description of how the injury occurred:**

Coach's signature: _____ _____

Athletic Director's signature: _____

Principal's signature: _____

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