Athletic Injury/Illness Report

Injured Student Name:	Student Identification Number:
Home School of Injured Student:	Sport/Activity:
Date of Injury:	Time of Injury:

Was the parent or guardian contacted?	Did the Injured Person Refuse Medical Attention?
Was first aid provided?	Was the injured person transported to a hospital or taken by ambulance? (If so, which hospital?)
Name of nurse or physician who assisted at the school:	Did the student resume playing after the injury?

Body Part Injured	
Provide details about the nature, time, location, and circumstances under which the injury occurred.	

Coach Name : _____Coach Signature : _____

Date: _____