ATHLETIC ACCIDENT REPORT FORM

To be completed immediately following any injury or accident

Student ☐ Parent ☐ Community Member ☐ Employee ☐ Volunteer ☐

Name of injured person: _____

Date of Injury: _____ Time of Injury: _____

Activity engaged in at the time of injury:

_____

_____

Details of how injury occurred. **PLEASE BE SPECIFIC:**

_____

_____

_____

_____

What part of the body was injured? **PLEASE BE SPECIFIC**:

_____

_____

Date you reported the injury/accident: _____

Did anyone witness the injury/accident? ☐ Yes ☐ No

Name of any witnesses: _____

Does injured party have insurance? ☐ Yes ☐ No If yes, what kind? _____

Did Emergency Personnel respond to the incident? ☐ Yes ☐ No

Who called Emergency Personnel? _____

If injured party was taken to doctor or hospital, please name: _____

Completed by: _____ Date: _____

Return completed form to the Office