**ATHLETIC INJURY REPORT FORM**

1. Team Name: 2. Division: € Cubs € MM € JPW € PW € JM € Midgets

3. Activity: € Football € Cheer 4. Date of Injury: 5. Time of Injury:

6. Participant’s Name:

7. Address: Telephone: ( ) Male ( ) Female

8. Location of Accident: ( ) Practice Field ( ) Home Game ( ) Away Game ( ) Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 9. | Body Part Injured: **HEAD** | | **TRUNK** | |  | **EXTREMITIES** | | | **OTHER** |
|  | Ear | | Abdomen | |  | Ankle Lower Arm | | |  |
|  | | Eye |  | Back |  | Elbow |  | Lower Leg |  |
|  | | Face |  | Chest |  | Finger |  | Thumb |  |
|  | | Head |  | Chest |  | Foot |  | Toes |  |
|  | | Neck |  | Groin |  | Hand |  | Upper Arm |  |
|  | | Scalp |  | Shoulder |  | Hip |  | Upper Leg |  |
|  | |  |  |  |  | Knee |  | Wrist |  |

10. Type of Injury: Abrasion Bite Bruise **OTHER**

Burn Concussion Cut

Dislocation Fracture Heat

Laceration Puncture Scratch

Shock Sprain Strain

11. First Aid Given: Applied Dressing Applied Splint Ice **OTHER**

Kept Immobile Stopped bleeding Observed

Washed Wound

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 12. | Action Taken: |  | Parent took home |  | Transfer to hospital | Parent took to doctor |
|  |  |  | Returned to sport |  | Parent took to ER | Called 911 |

Other:

13. Explanation of Accident:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Collision with person | Collision with obstacle | Fall |
|  | Hit with object | Injury to self |  |

Other:

14. Describe: Describe specifically how the injury happened.

15. Witness 1: Witness 2:

Address: Address:

Phone #: Phone #:

16. Form Submitted by: Signature/Date: Address: Telephone #:

Please attach additional comments / information on back of sheet