**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