

 REPORT COMPLETED BY: 

DATE: 

 **STUDENT-ATHLETE INJURY REPORT**

STUDENT-ATHLETE NAME: D.O.B. 

PARENT/GUARDIAN NAME(S): 

PARENT/ GUARDIAN PHONE NUMBER: 

DATE OF INJURY:  APPROXIMATE TIME: 

SPORT:  [ ] GAME [ ] PRACTICE

FIELD/ FACILITY NAME: 

BODY PART(S) INJURED: 

SPECIFY LEFT OR RIGHT

INCIDENT DESCRIPTION: 









MEDICAL TREATMENT (please describe) 









PLEASE LABEL THE INJURED AREA(S)

ANY ADDITIONAL NOTES REGARDING THE INJURED AREA(S) : 

BACK

FRONT

 

ATHLETIC DIRECTOR SIGNATURE DATE

 

ASST. ATHLETIC DIRECTOR SIGNATURE DATE