

ACCIDENT OR INJURY REPORT FOR INTERSCHOLASTIC SPORTS

PLAYER'S NAME: _____ DATE: _____

TIME: _____

PLACE WHERE ACCIDENT OCCURRED: _____

NAME OF COACH: _____

STATE BRIEFLY WHAT HAPPENED. THIS SHOULD BE DONE AND RETURNED TO NURSE THE FOLLOWING DAY AFTER INJURY IF POSSIBLE.

PLEASE INCLUDE *RIGHT AND/OR LEFT* IN THE DESCRIPTION OF INJURY: **RIGHT** _____

LEFT _____

WERE PARENTS NOTIFIED? _____ WHEN/HOW? _____