

MANHASSET HIGH SCHOOL/ MIDDLE SCHOOL

ATHLETIC INJURY REPORT

Name of athlete: _____

Date/Time of Injury: _____

Team: _____

Location: _____

Check One:

Practice

Scrimmage

Game

Brief Description of Injury:-

Action taken by Coach or Athletic Trainer:

Were Parents Notified?

Yes

No

If no, why?

Coach or Athletic Trainer's Signature

Date

****Please be sure to return this injury report to the athletic office the day of the injury.**