Richmond County School System
Athletic Department

INJURY REPORT FORM

Date of injury report _____

Exact location of event _____

School _____

Sport _____

Name of injured person _____

Age _____ Class _____

Describe nature of injury _____

_____

_____

Describe fully how the injury happened _____

_____

_____

Were safety regulations in place and used? _____If not, why? _____

Was athlete transferred to hospital? _____ If yes, what hospital? _____

Any recommendations for preventive actions? _____

_____

Name (print) _____

Date _____