

Killingly Athletics Student Injury/Report Form

Student Name: _____ School: ☐ KHS ☐ KIS Grade: _____ Sex: ☐ Male ☐ Female

DOB: _____ Date of Injury: _____ Time of Injury: _____ Date of Report: _____

Body Part Injured

☐ Ear ☐ Eye ☐ Face ☐ Head ☐ Scalp ☐ Abdomen ☐ Back ☐ Chest ☐ Groin ☐ Shoulder ☐
☐ Trunk ☐ Ankle ☐ Elbow ☐ Finger ☐ Foot ☐ Hand ☐ Hip ☐ Knee ☐ Lower Arm ☐ Lower Leg
☐ Thumb ☐ Toes ☐ Upper Arm ☐ Upper Leg ☐ Wrist ☐ Other (Describe) _____

Type of Injury

☐ Laceration-Abrasion ☐ Sprain-Strain ☐ Fracture ☐ Surface Cut-Scratch ☐ Dislocation
☐ Concussion ☐ Burn ☐ Other (Describe) _____

Action Taken

☐ Released to Parent ☐ Returned to Activity ☐ Called 911 ☐ Transfer to Hospital ☐ Parent took to Doctor
☐ Parent took to ER ☐ Other (Describe) _____

Explanation of Accident

☐ Collision w/Person ☐ Collision w/Obstacle ☐ Hit w/Object ☐ Injury to Self ☐ Fall – Height _____
☐ Other _____

Accident Location

☐ Gym ☐ Auditorium ☐ Classroom ☐ Stairs ☐ Hallway ☐ Bus ☐ Lower Fields ☐ Turf Field
☐ Tennis Courts ☐ Track ☐ Other _____

Surface Type

☐ Blacktop ☐ Carpet ☐ Concrete ☐ Dirt ☐ Gravel ☐ Ice-Snow ☐ Grass ☐ Mats ☐ Sand
☐ Rubber Tile ☐ Synthetic Surface ☐ Wood Product ☐ Other _____

Type of Activity

☐ Baseball ☐ Basketball ☐ Cheerleading ☐ Field Hockey ☐ Football ☐ Golf ☐ Gymnastics
☐ Lacrosse ☐ Soccer ☐ Softball ☐ Running/X-C ☐ Tennis ☐ Track & Field ☐ Volleyball
☐ Wrestling ☐ Other _____

Description (Describe in detail how injury occurred)

Insurance Forms ☐ Part A – Complete by Nurse ☐ Part B – Completed by Parent/Guardian and Mailed

Signed (Coach): _____ Signed (AD): _____ Signed (Principal): _____