Sports Injury Report Form

Event: _____

Date: _____

INJURED PERSON

Name: _____ **Date of birth:** _____ **Team:** _____

Parent / guardian (if under 18): _____ **Phone:** _____

WHEN & WHERE

Date: _____ **Time:** _____ **Venue / court:** _____

- ☐ Game
- ☐ Practice
- ☐ Warm-up
- ☐ Travel
- ☐ Other

INJURY

- ☐ Head / face
- ☐ Neck / back
- ☐ Shoulder / arm
- ☐ Hand / wrist
- ☐ Chest / abdomen
- ☐ Hip / thigh
- ☐ Knee
- ☐ Lower leg / ankle
- ☐ Foot
- ☐ Cut / abrasion
- ☐ Sprain / strain
- ☐ Possible fracture

FIRST AID GIVEN

Given by: _____ **Qualification:** _____

OUTCOME

Parent notified (time): _____ **Follow-up by:** _____

- ☐ Returned to play
- ☐ Did not return
- ☐ Sent home with parent
- ☐ Referred to doctor
- ☐ Ambulance called

SIGN-OFF

Coach / first aider: _____ **Parent / guardian:** _____ **Date:** _____