



ATHLETE INJURY REPORT FORM

Name of injured person (first & last): _____

Date of incident: _____ Time: _____ am ___ pm ___

Location (site, city, state) where injury occurred: _____

Accident description (e.g. a collision or a fall during practice): _____

Body part(s) injured: _____

Nature of injury (e.g. concussion, laceration, or broken bone); this is observational and not intended to be a diagnosis: _____

Overview of treatment provided on scene: _____

Witness(es), if any: _____

Phone number of witness(es): _____

Coach on Duty: _____ Program: _____

If a minor, was parent notified? Yes ___ No ___ Method (e.g. in person, by phone, by e-mail): _____

Name of person completing this report (printed): _____

Signature of person completing this report: _____ Date: _____

EMAIL THIS COMPLETED FORM TO ADMIN@FORDSAYRE.ORG WITHIN 24 HOURS OF INCIDENT