

District Six Athletic Injury Report

Name _____ Sex: F M

School: Dorman Gable Fairforest Dawkins Grade: 7 8 9 10 11 12

Date of Accident _____ 20 ____ Time _____ AM PM

Description of Accident _____

9th J.V. Varsity Position _____

Sport: (check one)

- | | | | |
|---------------------------------------|-------------------------------------|------------------------------------|--|
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Football | <input type="checkbox"/> Softball | <input type="checkbox"/> Track |
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Golf | <input type="checkbox"/> Wrestling | <input type="checkbox"/> Cross Country |
| <input type="checkbox"/> Tennis | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Soccer | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Cheerleading | | | |

Location:

Game Practice Locker Room Field Gymnasium

Body Part Injured: _____

Type of Injury: Mild Moderate Severe

Emergency Care Given By: _____

Specify First Aid Given: _____

Seen by Physician / Date: _____ Doctor's Name: _____

Sent to Hospital / By: _____ Hospital: _____

Parent Notified / Name _____ What Time: _____

Referred to another doctor

Doctor's Name _____

Signed: _____ Date: _____

(Coach's signature)