

ACCIDENT REPORT FORM

Student's Name _____ Date of Injury _____

Nature of Injury (include what part of body was injured) _____

Cause of Injury (describe fully) _____

Witness(es) to incident _____

Initial Treatment _____

Follow-up Treatment _____

Diagnosis by Physician _____

Athlete is able to (circle one):

Participate with no restrictions Participate with restrictions No Participation Until _____

Injured Athlete's Signature

Witness's Signature

Advisor/Coach's Signature

Date

Date

Date

Parent Signature

Date

Parent Signature

Date