



JOHN OLIVER ATHLETICS ACCIDENT/INJURY REPORT FORM



Directions: Complete report in the case of a minor or major accident involving a student, immediately after the injured student has been given care. Submit form to the school Athletic Director as soon as possible.

NAME OF STUDENT INVOLVED: _____ **D.O.B.** _____

ADDRESS: _____ **PHONE # :** _____

DATE OF INCIDENT: _____ **TIME OF INCIDENT:** _____

LOCATION OF INCIDENT: _____

NAME OF ADULT SUPERVISOR (Coach/Sponsor) PRESENT DURING ACTIVITY: _____

DESCRIPTION OF INJURY: _____

Nature of Injury

- Abrasion Dislocation
- Amputation Fracture
- Asphyxiation Poisoning
- Bruise (Serious) Puncture
- Burn (Serious) Scalds
- Concussion Shock (elec.)
- Cut (Serious) Sprain
- Other (specify)

Part of Body Injured

- Abdomen Eye Leg
- Ankle Face Mouth
- Arm Finger Nose
- Back Foot Scalp
- Chest Hand Tooth
- Ear Head Wrist
- Elbow Knee
- Other (specify)

DESCRIPTION OF ACCIDENT (How did accident happen? What was injured student doing? Where was accident?):

DESCRIPTION OF IMMEDIATE ACTION TAKEN (What first aid actions were taken?):

WAS STUDENT SENT to hospital? home? **WAS PARENT/GUARDIAN NOTIFIED?** _____

Further Action taken (Further emergency treatment? Parents came for student? Taken to Doctor/Hospital?)

OTHERS (if any) INVOLVED IN ACCIDENT:

NAME: _____ **ADDRESS:** _____

WITNESSES:

NAME: _____ **ADDRESS:** _____

NAME: _____ **ADDRESS:** _____

REPORT COMPLETED BY:

NAME: _____ **POSITION:** Coach Sponsor **DATE:** _____

