



**ATHLETIC DEPARTMENT INJURY FORM**

Name of Athlete \_\_\_\_\_ Sport \_\_\_\_\_ DOB \_\_\_\_\_

Date of Accident \_\_\_\_\_ Approximate Time \_\_\_\_\_

Type of Event (Circle One): Practice Game Other (Please Specify) \_\_\_\_\_

Injured Area \_\_\_\_\_

How Did the Injury Occur? \_\_\_\_\_

Where Did the Injury Occur (i.e. Gentile Gym, Fornelli Field, Walsh Activity Center, etc.)  
\_\_\_\_\_

Name of Supervising Coach \_\_\_\_\_

Was the Injury Witnessed by the Coach (Circle One)? YES NO

If NO, Please Explain Why: \_\_\_\_\_

**TREATMENT**

Was First Aid Administered (Circle One)? YES NO

By: COACH TRAINER OTHER (Please Specify) \_\_\_\_\_

What was the First Aid Treatment? \_\_\_\_\_

Was Athlete Referred to: DOCTOR HOSPITAL OTHER (Please Specify) \_\_\_\_\_

How Did the Athlete Leave Site of Occurrence? \_\_\_\_\_

Under His/Her Own Power? \_\_\_\_\_ Assisted By Someone? \_\_\_\_\_

If So, Who? \_\_\_\_\_ Paramedics? \_\_\_\_\_

Were Parents Notified (Circle One)? YES NO

Parent Name \_\_\_\_\_ Parent Number \_\_\_\_\_

Parent Email \_\_\_\_\_ Other Contact Info \_\_\_\_\_

Additional Saint Ignatius College Prep Staff That May Have Witnessed Injury: \_\_\_\_\_  
\_\_\_\_\_

