

ATHLETIC INJURY REPORT

Pittsville Athletic Department

This report will be made out on the date the injury occurred by the Head Coach. This report will be submitted to the Athletic Office no later than the day following the injury.

ATHLETE'S NAME: _____ SPORT: _____

ATHLETE'S GRADE: _____ DATE INJURED: _____

1. Date report submitted. _____

2. Were parents notified of injury? _____

3. Specify area of injury. _____

4. Head Coach's description of injury, how it happened.

5. Injury occurred in : Practice ☐ Game ☐

6. Was athlete advised to see a physician? Yes ☐ No ☐

7. Was the athlete taken to a hospital? Yes ☐ No ☐

8. Was the athlete given a release date by the physician giving permission to practice? Yes ☐ No ☐

Not known at this time ☐

Release Date: _____

9: Head Coach's Signature: _____

Head Coach should submit one copy of this form to the athletic office and keep one for his/her personal file.