

Football University National Championships



ATHLETIC INJURY REPORT FORM

Athlete's Name:_				Date of Injury:		
Team Name:		Time of Injury:				
Athlete Address:		Parent Cell #:				
Body Part Injur	ed: (Circle All That App				_	
	Ear	Back		Foot		Toes
	Eye	Chest		Hand		Knee
	Face	Groin		Hip		Wrist
	Head	Shoul	der	Lower		Upper
	Neck	Ankle	;	Arm		Arm
	Scalp	Elbow	7	Lower Leg		Upper Leg
	Abdomen	Finge	r	Thumb		Other:
Type of Injury:	(Circle All That Apply)					
31 , 3	Abrasion		Bite		Bruise	
	Burn		Concussion	Concussion		
	Dislocation		Fracture		Heat	
	Laceration Pu		Puncture		Scratch	
	Shock		Sprain		Strain	
	Other					
First Aid Given:	(Circle All That Apply)					
	Applied Dressing		Washed Wound		Observed	
	Applied Splint		Stopped bleeding		Other	
	Kept Immobile		Ice	Ü		
Action Taken:						
Parent took home			Parent took to	Doctor	Was parent/guardian	
	Returned to activities		Called 911		on site if minor?	
			Took to ER		Yes/No	
Explanation of Ir	ncident: <i>Describe specific</i>	ally ho	w the incident oc	curred:		
	. ,					
Witness 1:			_ Submitted by:			
Phone #:			_Signature/Date: :			
Camp Location:			_ (USE OTHER SIDE FOR ADDITIONAL COMMENTS)			