

ISC Gunners FC  
Athletic Injury Report



Athlete's Name: \_\_\_\_\_ Date and Time of Incident: \_\_\_\_\_  
Location: \_\_\_\_\_

Body Part Injured:				
<u>Head</u>	<u>Trunk</u>	<u>Extremities</u>		
EAR	ABDOMEN	ANKLE	HAND	LOWER ARM
EYE	BACK	ELBOW	HIP	LOWER LEG
FACE	CHEST	FINGER	KNEE	LOWER ARM
HEAD	GROIN	FOOT	THUMB	LOWER LEG
NECK	SHOULDER		TOES	
SCALP				

Nature of Accident:	
Collision with another person	Injury to self
Hit with object	Fall
Collision with obstacle	Other

Describe Specifically how the injury happened:

First Aid or Attention Given:	
Applied Dressing	Stopped Bleeding
Kept Imobile	Iced
Washed Wound	Observed

Action Taken:
Injury Report Emailed to Parents on day of Incident
Assessed by Coach
Assessed by Swedish Hospital Certified Concussion Responder
Returned to Sport
Parent took home
Called 911

Witness Names if Parents Need to Follow Up:	
Witness #1 Name/Phone/Email:	_____
Witness #2 Name/Phone/Email:	_____

Injury Form Submitted to Parents via Athlete and Email on Incident Date by:	
Signature/Date:	_____
Phone/Email:	_____

\*\*Include additional comments on back of form.\*\*