INJURY REPORT

Name of Student: _____ Age: DOB

Date of Injury: Time Activity _____

Coach First Responder _____

Place of Injury	Nature of Injury	Body Part Injured	
__ Classroom/Campus	__ Abrasion	__ Abdomen	__ Foot
__ Weight Room	__ Asphyxia	__ Ankle	__ Hand
__ Bathroom	__ Burn	__ Arm	__ Head
__ Lunchroom	__ Fracture/Sprain	__ Back	__ Knee
__ Practice Field	__ Head Injury	__ Chest	__ Leg
__ Gymnasium	__ Laceration	__ Eye	__ Teeth
__ Other	__ Other	__ Face	__ Wrist

Describe what happened:

Were parents notified? Yes No By: When

Describe treatment and disposition: Physician

Please attach or forward a copy of the medical report from physician and list of prescribed medication.

Signature of Coach Date

Copy file to GPSA Administration Date

Treatment Summary: Please provide a summary of treatment and dismissal date.

1 Copy to Student
1 Copy to Student File

Medication Log

Term:

Student	Date	Medication(s)	Prescribed By:

1 Copy to Student
1 Copy to Student File