

# Walnut Hills High School

## Injury Report Form for Away Events

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: Male/Female Grade: \_\_\_\_\_

Sport: \_\_\_\_\_

Injury took place at (school/event): \_\_\_\_\_

Date of Injury \_\_\_\_\_

Coach's Name \_\_\_\_\_

Time of Injury \_\_\_\_\_

Athletic Trainer Notified \_\_\_ YES \_\_\_ NO

**Venue of Injury:**

**Injured Body Part:**

**Nature of Injury:**

|   |  |  |
|---|--|--|
| <input type="checkbox"/> Stadium<br><input type="checkbox"/> Gymnasium<br><input type="checkbox"/> Baseball Field<br><input type="checkbox"/> Softball Field<br><input type="checkbox"/> Swimming Pool<br><input type="checkbox"/> Tennis Courts<br><input type="checkbox"/> Track<br><input type="checkbox"/> OTHER: _____ | <input type="checkbox"/> Head<br><input type="checkbox"/> Shoulder<br><input type="checkbox"/> Arm<br><input type="checkbox"/> Wrist<br><input type="checkbox"/> Hand<br><input type="checkbox"/> Trunk<br><input type="checkbox"/> Hip<br><input type="checkbox"/> Thigh<br><input type="checkbox"/> Knee<br><input type="checkbox"/> Lower leg<br><input type="checkbox"/> Ankle<br><input type="checkbox"/> Foot<br><input type="checkbox"/> OTHER: _____ | <input type="checkbox"/> Laceration<br><input type="checkbox"/> Fracture<br><input type="checkbox"/> Dislocation<br><input type="checkbox"/> Head Injury<br><input type="checkbox"/> Contusions (Bruises)<br><input type="checkbox"/> Dehydration<br><input type="checkbox"/> Sprain<br><input type="checkbox"/> Strain<br><input type="checkbox"/> Difficulty Breathing (Asthma)<br><input type="checkbox"/> OTHER: _____ |
|---|--|--|

Describe the **Injury** and **Treatment** given to ATHLETE:

Were parents notified? \_\_\_ YES \_\_\_ NO

Further medical evaluation recommended? \_\_\_ YES \_\_\_ NO

Further medical attention received? \_\_\_ YES \_\_\_ NO

Coach's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please make a copy for your records and turn in to Athletic Trainers' Mailbox (James Muncy & Nathalie Towchik)