



INJURY REPORT

Name of Student: _____ Age: DOB

Date of Injury: _____ Time _____ Activity _____

Coach _____ First Responder _____

<u>Place of Injury</u>	<u>Nature of Injury</u>	<u>Body Part Injured</u>
<input type="checkbox"/> Classroom/Campus	<input type="checkbox"/> Abrasion	<input type="checkbox"/> Abdomen
<input type="checkbox"/> Weight Room	<input type="checkbox"/> Asphyxia	<input type="checkbox"/> Ankle
<input type="checkbox"/> Bathroom	<input type="checkbox"/> Burn	<input type="checkbox"/> Arm
<input type="checkbox"/> Lunchroom	<input type="checkbox"/> Fracture/Sprain	<input type="checkbox"/> Back
<input type="checkbox"/> Practice Field	<input type="checkbox"/> Head Injury	<input type="checkbox"/> Chest
<input type="checkbox"/> Gymnasium	<input type="checkbox"/> Laceration	<input type="checkbox"/> Eye
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Face
		<input type="checkbox"/> Foot
		<input type="checkbox"/> Hand
		<input type="checkbox"/> Head
		<input type="checkbox"/> Knee
		<input type="checkbox"/> Leg
		<input type="checkbox"/> Teeth
		<input type="checkbox"/> 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 TVPSA Administration _____ Date _____

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



Medication Log

Term:

Student	Date	Medication(s)	Prescribed By:

1 Copy to Student
1 Copy to Student File