



## Cleveland High School Athletic Injury Report Form

Today's Date \_\_\_\_\_

Sport Participating In \_\_\_\_\_

Athlete Name \_\_\_\_\_

Birthdate \_\_\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_

Athlete SSN# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (cannot file injury report without this #)

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Parent's Name \_\_\_\_\_

Parent Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

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

Part of Body Injured \_\_\_\_\_

Type of Injury \_\_\_\_\_

\_\_\_\_\_

\*\*Please return this form to your coach immediately so that he/she can notify our athletic training staff about your injury.