

# MONA SHORES HIGH SCHOOL ATHLETIC INJURY REPORT

Coaches and/or Trainer:

This form is to be completed for any injury requiring medical attention. The completed form must be on file in the high school athletic office.

\_\_\_\_\_

Sport

\_\_\_\_\_

Date of Report

\_\_\_\_\_

Name of Student Athlete

\_\_\_\_\_

Date of Injury

\_\_\_\_\_

Time

\_\_\_\_\_

Place

\_\_\_\_\_

Type of Injury

How did it happen?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What was done for the student athlete?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Coaches Signature

\_\_\_\_\_

Date

**RETURN COMPLETED FORM TO THE ATHLETIC OFFICE IMMEDIATELY!**

\_\_\_\_\_

Received/Athletic Office

\_\_\_\_\_

Date