

# Fairfax Home School Athletic Association Athletic Injury Report Form

Name of injured athlete \_\_\_\_\_ Date of injury \_\_\_\_\_

Facility/Location where injury took place \_\_\_\_\_

Coach on site (or other person with approved concussion training) ...

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Type of injury \_\_\_\_\_

Type of first aid given & by whom ...

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Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Was player evaluated for concussion? ..... YES  NO

Was parent given concussion info? ..... YES  NO

Was parent asked to get written permission for player to return to play? YES  NO

Brief description of how injury took place, including other athletes involved ...

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Did any other coaches or adults observe the injury? ..... YES  NO

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Was a parent informed of injury? ..... YES  NO

When and how? \_\_\_\_\_

Person completing this form ...

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_