

**Sandusky Central Catholic School
Athletic Injury/Incident Report Form**

Date of Accident: _____

Time of Accident: _____

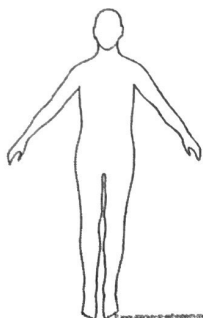
Location of Accident: _____

Name of Person Injured: _____

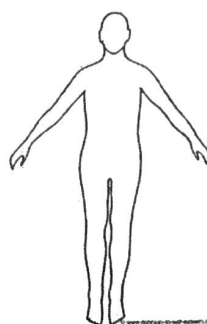
Sport: _____ Grade: _____

Body Part Injured: _____

Front of Body



Back of Body



Description of Accident:

First Aid Given: _____

By Whom: _____

Parent/Guardian Notified: Yes No

Time Notified: _____ Who did you speak with: _____

Person completing the report: _____

Signature: _____ Date: _____

Administrator's signature: _____ Date: _____

Guidelines for the Form:

1. A form is to be filled out when a student is injured during a school sponsored activity.
2. A form is to be completed in those instances serious enough to require a call to the parent and/or those instances requiring medical treatment.
3. The form is to be completed by the person supervising the activity or the person giving first-aid.
4. When medical treatment is recommended or a parent determines that they will seek medical attention, the parent will be encouraged to submit a follow up report to the school.
5. The form should be reviewed and signed by an administrator and kept on file.