

**INJURY REPORT FOR INTERSCHOLASTIC ATHLETICS
ELLCOTTVILLE CENTRAL SCHOOL
ELLCOTTVILLE, NY**

Sport: _____

Date of Injury: _____ **Time:** _____ **Place:** _____

Name of Injured: _____ **Grade:** _____

Parent's Name: _____

Address: _____

What was the student doing at time of injury? _____

State nature of injury (body part, right or left, etc...) _____

Where was injured taken:

Hospital (give name and address) _____

Doctor (give name and address) _____

Home

Remained at site

Witness:

Name	Address	Phone
_____	_____	_____
_____	_____	_____

Description of accident: _____

Was there any defect in equipment or playing area that caused the injury? (check one)

YES

NO

If yes, describe: _____

Date: _____

Coach's Signature: _____

Date Report filed: _____

Teacher: _____