



**WESTMINSTER ACADEMY®**  
DEVOTED TO CHRIST • DEDICATED TO EXCELLENCE

**Athletic Training**  
**Athletics Injury Report Form for Away Events**  
**2011-2012**

**Student's Name:** \_\_\_\_\_ **Age:** \_\_\_\_ **M / F** **Grade:** \_\_\_\_

**Sport:** \_\_\_\_\_

**Injury took place at (school/event):** \_\_\_\_\_

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

**Coach's Name** \_\_\_\_\_

**Time of Injury** \_\_\_\_\_

**Athletic Trainer Notified** \_\_\_ YES \_\_\_ NO

**Place of Injury:**

**Injured Body Part:**

**Nature of Injury:**

<input type="checkbox"/> Stadium <input type="checkbox"/> Gymnasium <input type="checkbox"/> Baseball Field <input type="checkbox"/> Softball Field <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Tennis Courts <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> Head <input type="checkbox"/> Shoulder <input type="checkbox"/> Arm <input type="checkbox"/> Wrist <input type="checkbox"/> Hand <input type="checkbox"/> Trunk <input type="checkbox"/> Hip <input type="checkbox"/> Thigh <input type="checkbox"/> Knee <input type="checkbox"/> Lower leg <input type="checkbox"/> Ankle <input type="checkbox"/> Foot <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> Laceration <input type="checkbox"/> Fracture <input type="checkbox"/> Dislocation <input type="checkbox"/> Head Injury <input type="checkbox"/> Contusions (Bruises) <input type="checkbox"/> Dehydration <input type="checkbox"/> Sprain <input type="checkbox"/> Strain <input type="checkbox"/> Difficulty Breathing (Asthma) <input type="checkbox"/> OTHER: _____
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Describe the **Injury** and **Treatment** given to ATHLETE:

Were parents notified? \_\_\_ YES \_\_\_ NO

Further medical evaluation recommended? \_\_\_ YES \_\_\_ NO

Further medical attention received? \_\_\_ YES \_\_\_ NO

Coach's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please make a copy for your records and turn into Athletic Office ASAP.