

MANSFIELD PUBLIC SCHOOLS

STUDENT / ATHLETE INCIDENT/INJURY REPORT

**Accident Report (to be filled out by Coach / Supervisor / Athletic Trainer/School Nurse –
(Please print legibly)**

Name of Student / Athlete _____ Gender ____ DOB _____ Age ____ Grade ____

School _____ Home Address _____

Phone _____ City _____ State _____ Zip _____

Practice: _____ Contest: Home _____ Away _____

Activity / Sport at Time of Accident or Injury _____

Date of Injury ____/____/____ Time _____ Location _____

How did the injury occur: _____

Description of Injury: _____

Describe Administered Medical Treatment: _____

Was Emergency Medical Assistance Summoned / Needed? (circle one) YES NO

(If Yes)

Provided By: _____

Contact Info: _____

Parents/Guardian Notified (circle one) YES NO

Medical Treatment Refused (circle one) YES NO

If Yes, Person's signature acknowledging refusal of care:

(Parent/Guardian if person under 18 years of age)

Supervisor of Event: _____

Witness Name: _____ Phone: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Person Submitting Report: _____ Title: _____

Phone # _____

E-Mail Address: _____

Date This Report Submitted ____/____/____

ORIGINAL Report submitted to Director of Athletics within 24 Hours of Incident.

All High School "Athletic Injury Reports" are to be returned to the Athletic Director. All others should be returned to the School Nurse / Health Office

Copies to:

Director of Finance and Operations

Building Principal

Athletic Trainer

School Nurse/Health Office

Signatures:

Report Completed by: _____ Date: _____

Principal (Signature optional): _____ Date: _____