



KNIGHTS BASKETBALL

Injury Report Form

PRINT CLEARLY
COMPLETE ALL INFORMATION
RETAIN A COPY FOR YOUR RECORDS

The information collected below will be used for the purpose of attaining particulars about the accident/injury. All of the information collected will be protected and used in compliance with the Freedom of Information and Protection of Privacy (FOIPP) Act.

Injured Player

FULL LAST NAME

FULL FIRST NAME

GRADE/HOMEROOM

Body Regions Injured

- Head
- Face
- Nose
- Eye
- Ear
- Teeth
- Neck
- Shoulder
- Upper Arm
- Elbow
- Forearm
- Wrist
- Hand
- Finger
- Chest
- Abdomen
- Back
- Buttocks
- Groin
- Thigh
- Knee
- Lower Leg
- Ankle
- Foot
- Other _____

Type Of Injury

- Abrasion/Scrape
- Burn
- Bone Bruise
- Concussion
- Discolouration/separation – deformity of a joint
- Fracture
- Laceration/incision/puncture
- Muscle Strain due to use rather than blow
- Nose Bleed
- Sprain
- Teeth (loosened/broken)
- Other _____

Facility Area

- Large Gymnasium
- Small Gymnasium
- Playing Field
- Playground/Apparatus
- Weight Room
- Hallway
- Locker/Shower Room
- In Transit
- Other _____

Probable Direct Cause

- Accidental collision
- Blow delivered by object
- Body contact in normal course of activity
- Carelessness by student
- Obstruction on playing area
- Strain or overexertion
- No clear or apparent cause
- Other _____

Disposition of injured

- Returned to Event/Activity Recommended end of participation

Mode of Transport

- Ambulance Team Transport Bus Other _____

First Aid Treatment

- Ice Immobilisation Splint Tape/Tensor Stretching
 Crutches Wound Management Sling Counselling
 CPR Airway Management Other _____

Follow Up Treatment

- Hospital Family Physician None Other _____

Briefly Describe The Incident:

Home Instructions

ATTENDANT'S SIGNATURE

DATE

ATHLETIC DIRECTOR'S SIGNATURE

DATE



PLEASE SUBMIT TO ATHLETIC DIRECTOR IMMEDIATELY

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