

SS PETER AND PAUL SPORTS DEPARTMENT INCIDENT REPORT FORM

INFORMATION OBTAINED AT THE TIME OF THE INCIDENT

Date/Time of Event	
Athlete's Name	
Birth Date	
Name of School/Grade in School	
Teacher's Name	
Description of Incident	
Name of Adult(s)/Witness(es) present at time of incident	
First Aid given (describe)	
First Aid Given by whom	
Parent Notified/by whom	
Athlete was sent to:	<input type="checkbox"/> Home <input type="checkbox"/> Doctor <input type="checkbox"/> Hospital <input type="checkbox"/> Other _____

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INCIDENT REPORT FORM

(continued)

FOLLOW UP INFORMATION AFTER THE INCIDENT
(COMPLETE THIS SECTION ONLY IF MEDICAL ATTENTION WAS
SOUGHT WITHIN 48 HOURS OF THE INCIDENT)

Days absent from School due to accident	
Follow up information obtained	
Other Comments/Information	

Preparer's Signature/Date _____

Principal's Signature/Date _____

School Nurse's Signature/Date _____