

Athletic Injury Report Risk Management 75 N. Pace Blvd., Pensacola FL 32505 Phone: 469-6159 or 469-6287 Fax: Fax: 469-6107

Attachments

TO PROVIDE SUPPORTING DOCUMENTS ADD ATTACHMENTS

Student Athlete Info	Ormation (Athletic Direct	or must complete form for	High School Incident)		
Student Id # 2. Name: Fir	rst 3. Middle	4. Last	5. School Choose One	6. Grade 7.	. Birth Date 8. Sex: Male Female
Sport / Level	10. Parent / Guardian	11. Home Street A	ddress (include Bld and Apt)	12. City 13	3 State 14. Zip 15. Phone
ccident Report					
7. Date of Injury 1		ect One 20	. Accident Location		
1. Body Part Injured	22. Other Body Part(s) I	njured 23	. Description of Incident		
4. Injury Status	25. Activity	26. Injury Site	27. Nature of In	jury - select all that apply	
Initial Injury Re-injury Re-evaluation Other	Practice Game Off Season Other	Left Prox Ant Med	Right Allergy Distal Bruise / C Post Concussi Lat Dislocatio	contusion Abras	24 Company Com
28. Person Supervising			29. Witness Name	Heat	Ciriei
Disposition				34. Date of	35. Time of
1. Parent/Guardian Notified es No	32. Name of Person Notified	33. Not	ified By Whom	Notification	Notification 36. Select One AM PM
es O No O	Where	39. Sent by Whom	40. Transportation Met		42.Time Received 43. Select One AM PM
Athletic Trainers Ir	nitial Evaluation (to b	e completed by	ATC) If additional spac	e is needed attach a do	ocument
45. Name of Athletic Trainer		46. Select High School or High School Middle		Cost Center Choose Or	14
47. Subjective (clinical sympto	ms):				_
40 017-11-14-14-14-14					
48. Objective (clinical signs)					
49. Assessment (Impressions	of injury)				
50. Plan (referral, rehab, etc.)	V-12-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2				
Medical Referral					
	52. Date of Referral 53. Nam	e of Physician	54. Date of Releas	se 55. Insurance Provider	Ĭ
56. Diagnosis					
57. Signature of Preparer	57. Signature of Preparer 58. Principal or Designee For Middle School Incident				
		Submit	~	Go	V 1.0 Revised Sept. 2016 Retention 5 years