

**MARY PERSONS HIGH SCHOOL
ATHLETIC INJURY REPORT**

STUDENT'S FULL NAME _____
FIRST MIDDLE LAST

STUDENT'S SS# _____

BIRTHDATE _____ SEX _____ GRADE _____

STUDENT'S HOME ADDRESS _____

PARENT (OR GUARDIAN) NAME _____

EXACT DATE OF INJURY _____

HOUR _____ A.M. _____ P.M. _____

WHERE DID INJURY OCCUR? _____

DETAILED INFORMATION ON HOW INJURY OCCURRED _____

SPORT ENGAGED IN _____

PART OF BODY INJURED _____

SUPERVISING COACH _____

COACH'S SIGNATURE _____