

## St. Michael's Athletic Handbook

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This report must be submitted to the Athletic Director via email or fax no later than the day following the injury (if over the weekend, then report by Monday morning). The coach should retain a copy of this report.

Athlete's Name: \_\_\_\_\_

Sport: \_\_\_\_\_

Grade: \_\_\_\_\_ Sex: \_\_\_\_\_

Date of Injury: \_\_\_\_\_ Time: \_\_\_\_\_

Was ambulance called? \_\_\_\_\_

Were parents notified? Yes \_\_\_\_\_ No \_\_\_\_\_ Time: \_\_\_\_\_

Was first-aid given? Yes \_\_\_\_\_ No \_\_\_\_\_ Type \_\_\_\_\_

If yes (check all that apply), ☐ Ice; ☐ Ace Wrap Where? \_\_\_\_\_;

☐ Bandage Where? \_\_\_\_\_; ☐ Splint Where? \_\_\_\_\_

Was the injury a concussion (possible) or head injury? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, was the Concussion Test Performed: Yes \_\_\_\_\_ No \_\_\_\_\_ By Whom? \_\_\_\_\_

Did injury occur in: Practice \_\_\_\_\_ Game \_\_\_\_\_ Scrimmage \_\_\_\_\_ Other (explain) \_\_\_\_\_

Was athlete advised to see a physician? Yes \_\_\_\_\_ No \_\_\_\_\_ By Whom? \_\_\_\_\_

If so: Name of physician: \_\_\_\_\_

Name of hospital: \_\_\_\_\_

Did the student athlete return to the game/practice? Yes \_\_\_\_\_ No \_\_\_\_\_

Was the athlete given a release date by the physician/parent (circle one) to return to participation?

Yes \_\_\_\_\_ No \_\_\_\_\_ Release Date \_\_\_\_\_

Description of injury and how the injury occurred: \_\_\_\_\_

\_\_\_\_\_  
Signature of Coach Submitting Report