

**MAINE SCHOOL ADMINISTRATIVE DISTRICT NO. 54**

**ATHELETIC INJURY REPORT**

DATE OF INJURY: \_\_\_\_\_ TIME: \_\_\_\_\_

STUDENT'S NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

PERSON (S) PRESENT: \_\_\_\_\_

COACH'S NAME: \_\_\_\_\_

SPORT / SCHOOL: \_\_\_\_\_

TELL HOW INJURY OCCURRED:

TYPE OF INJURY:

TREATMENT:

RESULTS:

SIGNATURE OF BUILDING PRINCIPAL: \_\_\_\_\_

SIGNATURE OF BUSINESS ADMINISTRATOR: \_\_\_\_\_

**Copies to:** \_\_\_\_\_ Trainer \_\_\_\_\_ Nurse \_\_\_\_\_ Athletic Director

**ADDITIONAL COMMENTS:**