

# BPCC Athletic Injury Report

DATE \_\_\_\_\_

Name of injured student/athlete \_\_\_\_\_ Sport \_\_\_\_\_

Date of Injury \_\_\_\_\_ Time of Injury \_\_\_\_\_ DOB \_\_\_\_\_

Father's Employer \_\_\_\_\_

Mother's Employer \_\_\_\_\_

Place of Injury \_\_\_\_\_ game or practice

Describe **FULLY** how injury occurred \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Was student/athlete taken to the hospital?                      YES                      NO

If yes, what hospital? \_\_\_\_\_

Did student/athlete see the trainer?                      YES                      NO

Did student/athlete see a doctor?                      YES                      NO                      Dr. \_\_\_\_\_

**\*\*\*\*\* This form must be complete and on file in the office of the Assistant Director of Athletics.**