

BPCC Athletic Injury Report

Name of injured student/athlete: _____ Sport: _____

Date of Injury _____ **Time of Injury** _____

Date of Birth _____ Age _____

Father's Employer _____

Mother's Employer _____

Place of Injury _____ game or practice _____

Describe **FULLY** how injury happened _____

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 Doctor's Name _____