

**Lutheran High School  
Athletic Injury Report Form**

*This report must be submitted to the Athletic Director no later than the day following the injury. The coach should retain a copy of this report.*

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

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

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

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

Date received by AD: \_\_\_\_\_

Was ambulance called? \_\_\_\_\_ Were parents notified? \_\_\_\_\_

Did injury occur in: Practice \_\_\_\_\_ Game \_\_\_\_\_ Dressing room \_\_\_\_\_ Weight room \_\_\_\_\_

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

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

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

Was the athlete given a release date by the physician to return to participation?

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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