

SPORTS RELATED INJURIES and/or ACCIDENTS REPORT

OUR LADY OF THE SACRED HEART HIGH SCHOOL • ATHLETIC DEPARTMENT
1504 WOODCREST AVENUE • CORAOPOLIS, PA 15108-3054
PHONE - (412) 264-5140 • FAX - (412) 264-4143

Name of Injured Person _____ Home Phone _____

Address _____

Apparent Age _____ Last 4 Digits of Social Security Number (Injured Person) XXX-XX- _____

Date of Accident _____ Place of Accident _____ Time _____ AM PM

If Minor, Father's Name _____ Social Security Number _____

Mother's Name _____ Social Security Number _____

Detailed Description of Injury/Accident, Treatment/Action Taken, and Nature/Extent of Injuries (use other side if needed) _____

Name of "Coach in Charge" When Accident Occurred _____

Was the "Coach in Charge" Present at Scene of Accident? yes no Did "Coach in Charge" View the Accident? yes no

Were Parents Present at Scene of Accident? yes no If "no", was Parent Notified? yes no

Name of Parent Notified _____

Time Parent Notified _____ AM PM By Whom _____

Witness #1: Name and Address _____

Witness #2: Name and Address _____

Where was Injured Person Taken? _____

If Applicable, Injured Person Taken to Hospital/Doctor by: Ambulance Parent Other _____

Attended by Doctor _____

Name

Hospital or Address

Hospitalization Carried by Person _____

Policy/Group Number _____ Agreement Number _____

The information provided is correct _____

Signature of Injured Person or Signature of Parent (if minor)

FOR SCHOOL USE ONLY • MUST BE SUBMITTED TO THE ATHLETIC DIRECTOR WITHIN 24 HOURS OF INCIDENT

This report prepared by _____ Title _____

Date _____ Signature _____

- Report Preparer: Submit within 24 Hours to OLSH Athletic Director
- Athletic Director: Notify OLSH Principal via EMail of this Injury/Accident
- Athletic Director/Trainer: Place this Form in Student's Athletic File