Injury Report Form

Bluestem School District
711 N West Street
Leon, KS 67074

This form is to be filled out and returned to the Athletic Director following every injury/accident which requires an athlete or student to miss any practice time or requires medical attention.

Name of Injured:_____ School Representing:_____

Gender: M / F Grade Level:_____ Age:_____

Date of Accident:_____ Time of Accident:_____(am / pm)

Location of Accident:_____

Part of Body Injured:_____ Who was Supervising:_____

Witnesses to Accident: YES / NO

Witness Name(s):_____

Equipment Involved in Injury: YES / NO

Equipment Involved:_____

Detailed Explanation of Accident:

_____
_____
_____
_____
_____
_____
_____
_____

_____ _____ _____
Person Completing Form Signature Date