



BIRDVILLE INDEPENDENT SCHOOL DISTRICT

Athletics Injury and Treatment Report

Date _____ Campus _____

Coach _____ Sport _____

Athlete's Name _____

Classification (Check One) 7 8 9 10 11 12

Parent(s) Name _____ Address _____

Parent(s) Phone # _____ Date of Injury _____

Site of Injury _____ Time _____ am pm

Describe Injury _____

FIRST AID GIVEN AT TIME OF INJURY (Check): Ice Compression Splinted Dressing
 Stretcher Other _____

REFERRED TO DOCTOR Yes No BY WHOM? Parent Coach Not at this time

WAS PARENT NOTIFIED? Yes No

NAME OF COACH REPORTING _____

