



Fruitport Community Schools Athletic Accident Report

Please fill out completely and return to the Athletic Department.

Demographic Information:

Student Name: _____ DOB: _____ Age: _____

Student Address: _____ City _____ Zip: _____

Parent/Guardian Name: _____ Phone: _____

Accident Information:

Date: _____ Time: _____ Location: _____

Accident happened during: Practice _____ Game _____

Part of body injured: _____ Right _____ Left _____

Nature of injury (Describe Fully):

How did the accident happen?

Was the injured student-athlete given any First Aid? Yes _____ No _____

What First Aid was rendered?

Was injured student taken to: Office _____ Home _____ Hospital _____ Physician _____

Supervising Adult Signature

Date

Administrator Signature

Date