BRADY PUBLIC SCHOOL INJURY REPORT FORM

Name		Date of Injury	Date	Reported
(Last) (First)		Date of Injury		
Athletic Injury	Other S	Sport (If athletic injury)		
Location of Injury G		Game () Practice () Strength Training () Playground () Physical Ed. Class () Other ()		
Brief Description of In		istances:		
Injury Reported to Off		() When		
Parents Called	Yes () No	() Parent	ts Reached	Yes () No ()
Emergency	Yes () No	()		
Referred to Physician	Yes () No	() When		
		regard to injury and/or		
				2
Rescue Unit Required	Yes () No	()		
Transportation to Hosp	oital Required	Yes () No ()		
Assistance from Anoth	ner Staff Member	Yes () No () Wi	nom	
(Signature of Staff Mem	ber Filling Out Rep	ort)	(Position)	