IKAIKA BASKETBALL

INJURY REPORT FORM

LAST: _____ **FIRST:** _____ **DATE OF INJURY:** _____

ADDRESS: _____ **TIME OF INJURY:** _____

CITY: _____ **ZIP CODE:** _____ **GENDER:** _____

FIRST AID GIVEN:

- ___ ICE
- ___ WASHED WOUND
- ___ KEPT IMMOBLE
- ___ OBSERVED
- ___ APPLIED SPLINT
- ___ STOPPED BLEEDING
- ___ APPLIED DRESSING
- ___ OTHER

EXPLAIN: _____

BODY PART INJURIED:

HEAD	**TRUNK**	**EXTREMITIES**		**OTHER**
___ EAR	___ ABDOMEN	___ ANKLE	___ LOWER ARM	
___ EYE	___ BACK	___ ELBOW	___ LOWER LEG	_____
___ FACE	___ CHEST	___ FINGER	___ THUMB	
___ HEAD	___ GROIN	___ FOOT	___ TOES	_____
___ NECK	___ SHOULDER	___ HAND	___ WUPPER ARM	
___ SCALP	___ TRUNK	___ HIP	___ UPPER LEG	_____
		___ KNEE	___ WRIST	

TYPE OF INJURY SUSPECTED:

- ___ LACERATION/ABRASION
- ___ BRUISE/CONTUSION
- ___ SPRAIN/STRAIN
- ___ DISLOCATION
- ___ FRACTURE
- ___ CONCUSSION
- ___ SURFACE CUT/SCRATCH
- ___ BURN
- ___ OTHER: _____

ACTION TAKEN:

- ___ PARENT TOOK HOME
- ___ CALLED 911
- ___ TAKEN TO HOSPITAL/ER

EXPLANATION OF ACCIDENT:

- ___ COLLISION WITH SOMEONE
- ___ COLLISION WITH OBSTACLE
- ___ HIT WITH OBJECT
- ___ INJURY TO SELF
- ___ FALL_____ HEIGHT OF FALL
- ___ OTHER: _____

FATHER **LAST:** _____ **FIRST:** _____ **MOBILE NO:** _____

MOTHER **LAST:** _____ **FIRST:** _____ **MOBILE NO:** _____

DESCRIBE SPECIFICALLY HOW THE INJURY HAPPENED (USE REVERSE SIDE FOR ADDITIONAL SPACE):

_____

_____

_____

_____

_____

_____

_____

PERSON FILING REPORT (PRINT):_____ SIGNATURE:_____