Olympic Development Program
Accident Report

Player's Name: _____ Today's Date: _____

Address: _____

Local Phone: _____ Gender: _____ Age: _____

ACCIDENT DETAILS

Date: ___/___/___

Time: ___:___ AM / PM

Location: _____

___ Gym _____

___ Other _____

Activity: _____

HOW DID THE INJURY OCCUR?

☐ Collision w/ obstacle
☐ Collision w/ participant
☐ Collision w/ playing surface
☐ Equipment Related
☐ Non-Contact ☐ Unknown
☐ Other (Describe – Use Back if Necessary)

_____

_____

BODY PART INJURED (check applicable)

☐ Left ☐ Right

☐ Ankle	☐ Foot	☐ Mouth
☐ Arm	☐ Groin	☐ Neck
☐ Back	☐ Hand	☐ Nose
☐ Ear	☐ Head	☐ Shoulder
☐ Elbow	☐ Hip	☐ Toe
☐ Eye	☐ Knee	☐ Torso
☐ Face	☐ Leg	☐ Wrist
☐ Finger	☐ Other _____	

SUSPECTED INJURY CLASSIFICATION

☐ Cuncussion	☐ Laceration
☐ Contusion / Bruise	☐ Fracture
☐ Sprain / Strain	☐ Dislocation

☐ Other _____

FIRST AID ADMINISTERED BY

Name: _____

Phone: _____

_____

Participant's Signature

SUBSEQUERNT ACTION TAKEN

☐ Driven to _____ hospital by _____

☐ Sat out remainder of activity
☐ Resumed participation on own volition
☐ Resumed Participation after ____ minutes
☐ Other: _____
☐ Refused treatment

ACTION TAKEN

☐ Applied ice
☐ Stopped Bleeding
☐ Applied band-aid / bandage
☐ Other _____

(Describe specific steps – use back for more space)

_____

Participant's Parent's Signature

WITNESSES

Name: _____

Phone: _____

Name: _____

Phone: _____

Report Prepared By: _____ Position: _____