

**SAINT FRANCIS CATHEDRAL
Accident/Injury Report**

Name _____ Age _____ Male ___ Female ___

Date of Injury _____ Time _____ AM _____ PM _____

Location of Accident/Injury:

St. Francis Property _____ Other _____

Place Injury Occurred:

- Lobby
- Gym
- Bleachers
- Bathroom
- Car
- Locker Room
- Stairway
- Hall

Nature of Injury:

- Scrape
 - Cut
 - Bruise
 - Swelling
 - Sprain
 - Fracture
 - Splinter
 - Other
-

Type of Accident:

- Burn
- Cut
- Fall
- Puncture
- Scratch
- Insect Sting
- Struck by _____
- Other _____

Part of Body:

- | | | | | |
|---|--|--|---|---|
| Head <ul style="list-style-type: none"><input type="checkbox"/> Ears<input type="checkbox"/> Eyes<input type="checkbox"/> Scalp<input type="checkbox"/> Skull<input type="checkbox"/> Forehead | Mouth <ul style="list-style-type: none"><input type="checkbox"/> Mouth<input type="checkbox"/> Nose<input type="checkbox"/> Neck<input type="checkbox"/> Tooth | Trunk <ul style="list-style-type: none"><input type="checkbox"/> Back<input type="checkbox"/> Chest<input type="checkbox"/> Abdomen<input type="checkbox"/> Side | Arm <ul style="list-style-type: none"><input type="checkbox"/> Shoulder<input type="checkbox"/> Arm<input type="checkbox"/> Elbow<input type="checkbox"/> Hand<input type="checkbox"/> Fingers | Legs <ul style="list-style-type: none"><input type="checkbox"/> Hip<input type="checkbox"/> Leg<input type="checkbox"/> Knee<input type="checkbox"/> Foot<input type="checkbox"/> Toes |
|---|--|--|---|---|

How was the injury caused?

Witness or, if no witnesses, who was the authorized personnel in charge?

Treatment: Given by _____

- | | |
|--|--|
| <input type="checkbox"/> Cleansed Wound | <input type="checkbox"/> Applied Cold Compress |
| <input type="checkbox"/> Applied Ointment/Lotion | <input type="checkbox"/> Rested Injured Part |
| <input type="checkbox"/> Applied Bandage | <input type="checkbox"/> Applied Splint |
| <input type="checkbox"/> Removed Splinter | <input type="checkbox"/> _____ |

- over -

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Disposition:

Telephone Call to Parent Note to Parent Time _____

By: _____

Name of Parent/Guardian notified: _____

Taken Home by _____

Taken to Doctor _____ By _____

Taken to Hospital _____ By _____

Remarks:

Follow Up:

Report Submitted By _____

Signed:

Coach

Player

Parent/Guardian

Please submit this form to the Site Manager (Ed Melanson) within 24 hours of the incident.