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# SIERRA ATHLETIC CONFERENCE INJURY REPORT FORM

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This form should be submitted to the president of the organization no later than the day following the injury. The head coach should retain a copy of this report.

Sport: \_\_\_\_\_

Grade/Division: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of injury: \_\_\_\_\_

Description of injury: \_\_\_\_\_

Did injury occur during: Practice \_\_\_\_\_ Warmup \_\_\_\_\_ Game \_\_\_\_\_

Date parents or guardian were notified: \_\_\_\_\_

Was the athlete advised to see a physician? Yes \_\_\_\_\_ No \_\_\_\_\_

Was the athlete given a release date to return to participation?

Yes \_\_\_\_\_ No \_\_\_\_\_ Release Date: \_\_\_\_\_

Did the coach or physician fill out a Return to Play Protocol Form (Concussion only)?

Yes \_\_\_\_\_ No \_\_\_\_\_

Date report received by president: \_\_\_\_\_

