

NARRAGANSETT REGIONAL SCHOOL DISTRICT



ATHLETIC DEPARTMENT

Mark Miville, Athletic Director
978.939.5388 (front office)
978.895.5276 (cell)
mmiville@nrsd.org

ATHLETIC INJURY/INCIDENT REPORT

STUDENT'S NAME:		SCHOOL:
HOME ADDRESS:		
TELEPHONE:	GRADE:	AGE:
INJURY (ILLNESS) INFORMATION:		
TIME AND DATE OF INJURY:		CONTEST OR PRACTICE
TYPE OF INJURY:	SPORT:	POSITION PLAYED:
COACH:		TELEPHONE:

This form must be completed by the appropriate coach for any athletic injury/incident and returned to the Athletic Director within 24 hours of an athletic injury/incident.

The Athletic Insurance Form **must be filled out** for anyone who goes to the hospital/doctor/other medical facility due to an athletic injury/incident. Coaches are responsible to fill out Part 1 School Report 1A-6D and return to the Athletic Director within 24 hours of an athletic injury/incident.



NARRAGANSETT REGIONAL SCHOOL DISTRICT
ATHLETIC DEPARTMENT – Report of Head Injury/Athletic Injury

Mark Miville, Athletic Director
 mmiville@nrsd.org

This form is to report head/athletic injuries (other than minor cuts or bruises) that occur during a sports season. It should be returned to the Athletic Director or to the school nurse.

For Coaches: Please complete this form immediately after the game or practice for head/athletic injuries that result in the student being removed from play or practice.

For Parents/Guardians: Please complete this form if your child has a head injury outside of school-related extracurricular athletic activities.

Coaches and Parents, please fill out

Student's Name:	Sex:	Date of Birth:	Grade:
School:	Sport(s):		
Home Address:			Telephone:
Date and Time of Injury:	Contest or Practice or Outside of School-related Activity		
Location:	Coach:	Phone:	
Please describe the nature and extent of injuries to the student:			
Parent notified by: <input type="checkbox"/> Phone <input type="checkbox"/> In-Person		If a call, date and time of call:	
Who spoken to:		Relationship to student:	
Did student receive medical attention?		Was a concussion diagnosed?	

I HEREBY STATE THAT, TO THE BEST OF MY KNOWLEDGE, MY ANSWERS TO THE ABOVE QUESTIONS ARE COMPLETE AND CORRECT.

Please circle one: Coach Marching Band Director Parent/Guardian

Name of Person Completing Form (please print): _____

Signature: _____ Date: _____