

Christian Academy of Louisville Student Athlete Accident/Incident Report

Name of Athlete _____

HS ___ MS___ Elem ___ Age_____ Sport_____

Date Occurred _____ Time _____ AM PM

Place: CAL Off Campus Event
 School Practice Game Home Other

Description of Accident _____

Action Taken _____

Coach Supervising Event? Y N Name _____

Present at scene of accident? Y N

Parent/Guardian Contacted? Y N

Name & Number of Notified _____

Did the individual(s) involved to seek medical assistance? Y N

From: _____

Was disciplinary action taken as a result of this accident? Y N

Name of Person Reporting _____

Date _____ Phone Number _____

-IMPORTANT-

Please supply a copy of this report and any supporting documentation to
the CAL athletic office and notify athletic trainer of injury.