



## BSA Injury Report Form

PERSON INJURED (circle one):    Player       Official       Coach       Volunteer       Spectator

DATE OF INJURY: \_\_\_\_\_

LOCATION WHERE INJURY OCCURRED: \_\_\_\_\_

NAME: \_\_\_\_\_

GENDER: \_\_\_\_\_    DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

WITNESS (1): \_\_\_\_\_    PHONE #: \_\_\_\_\_

WITNESS (2): \_\_\_\_\_    PHONE #: \_\_\_\_\_

INJURY CLASSIFICATION (circle all that apply):       Acute Injury       New Injury

Recurrent Injury This Year       Recurrent Injury Last Year       Complication of Prior Injury

OTHER (please explain): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NATURE OF INJURY (circle all that apply):    Concussion    Laceration    Sprain    Fracture    Dislocation

OTHER (please explain): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DESCRIPTION OF SYMPTOMS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

INITIAL TREATMENT (circle all that apply):    None Given    RICE (Rest, Immobilize, Cold, Elevate)

Sling Splint       Wrapping/Taping/Dressing       Crutches       Manual Therapy       CPR

Stretch/Exercise       None Given – Referred Elsewhere

OTHER (please explain): \_\_\_\_\_



PLEASE USE THIS SPACE TO WRITE A DETAILED DESCRIPTION OF HOW THE INJURY OCCURRED. (Attach more pages if necessary).

IF MEDICAL TREATMENT WAS REQUIRED, PLEASE EXPLAIN THE DIAGNOSIS FROM YOUR DOCTOR:

NAME OF DOCTOR: \_\_\_\_\_ PHONE #: \_\_\_\_\_

SIGNATURE OF INJURED: \_\_\_\_\_ DATE: \_\_\_\_\_  
(If under 18, signature of a parent or guardian)

SIGNATURE OF COACH: \_\_\_\_\_ DATE: \_\_\_\_\_

