

**SAN FRANCISCO UNIFIED SCHOOL DISTRICT
ATHLETIC INJURY REPORT**

Academic Athletic Association Office –

555 Portola Drive, Room 250, San Francisco, CA 94131
Phone: 415-920-5185 Fax: 415-920-5189

School _____ Date of Report _____

Student _____ Telephone _____

Address _____ ZIP _____

Do parents have insurance? Yes No Policy Number _____

Group Name _____ Name of Insurance Company _____

Sport _____ Game Practice Date of Injury _____

Nature of Injury _____

First Aid Given _____

By Whom _____

How Injury Occurred _____

Were parents contacted? Yes No Sent to doctor? Yes No Sent to trainer? Yes No

Coach _____ Athletic Trainer/Medic _____
(Please Print) (Please Print)

Coach's Phone #: _____ Athletic Trainer/Medic's Phone#: _____

Parents must assign their family health insurance as the primary company. All bills incurred are the responsibility of the insurance company and the parents.

Complete the Athletic Injury Report in triplicate. If the injured athlete goes directly to a doctor or hospital, send the original to the athletic office on the day of the injury and send one copy to the physician or hospital at the time of treatment. Keep the other copy for your files. If the injured student is only seen by an on site medic or athletic trainer, send original to the athletic office, have the medic or trainer keep one copy, and keep one on file.
