

THORNAPPLE KELLOGG SCHOOLS
Middleville, Michigan 49333

INJURY REPORT

That injury occurred.

Name TK Athlete X

Date —

Building High School

Time —

Grade 10th or POSITION —

Staff Member/Supervisor in Charge TK Coach

Nature of Injury Shoulder

Left — Right X

Location of Injury (Building Area - Playground - Bus - Pool, etc.) —

Stadium - Turf Field

Circumstances Athlete X fell onto his right shoulder after contact with another player.

Parent/Guardian or Spouse notified (if necessary)? Yes

Disposition of Case I sent Athlete X with my assistant coach to see the trainer immediately following the injury.

Staff Member/Supervisor [Signature] [Date]

Building Administrator [Signature] [Date]

Date you are filling form out.