CONFIDENTIAL ATHLETIC INJURY TRACKING FORM

(required for LAUSD athletes only)

It is the responsibility of the Coach to complete this form. Use a separate form for each student's injury.

Copies of this form must be given to the School Nurse and appropriate administrator over athletics NO LATER than 24 hours or the next school day following the injury.

School of Incident:		Student's ID #:	Sport:
Head Coach's Name:		Supervising Adult's Name:	
Date of Injury:	Time of Injury:	Level (JV, Var, etc.):	
Student's Name:		DOB:	Age:
Gender: ☐ F ☐ M	Grade:	School of Attendance:	
Student's Home Address:			
Student's Home Phone #:		Cell #:	
Parent's/Guardian's Name:			
Body Part(s) affected:			
*Suspected Concussion? ☐ Yes ☐ No			
Description of what happened:			

*** If a Concussion is suspected/diagnosed, a "Concussion Injury Report" must be completed.**

ACTIONS TAKEN (indicate N/A if not applicable)	DATE	TIME	COMMENTS
Parent/Guardian Notified (and by whom)			
School Nurse Notified			
911 Called/Taken to Emergency Room by Paramedics			
Taken to Emergency Room by Parents/Guardians			
Referred to Licensed Health Care Provider			
Athletic Director or Assistant Principal/Athletics Notified			
Principal Notified			
Copy of this Form to AP Over Athletics and/or Principal			
Follow up with Parent/Guardian Conducted (and by whom)			

A student absent from athletic practice or competition for *five or more consecutive days due to illness or injury* must present a written statement from the licensed health care provider indicating the diagnosis and a recommendation for return to athletic participation. The ***school nurse*** will review and notify the coach. Any student returning from a serious injury with written approval from the licensed health care provider ***must be referred to the school nurse for review prior to resuming competitive athletics***, per this bulletin.

Coach's Signature:	**Date:**
Print Name of Coach:	