



Buffalo Public Schools

ATHLETIC INCIDENT & INJURY REPORT



This form is to be used to report all Athletic incidents or injuries. Please complete all information on this form and email to the Buffalo Athletics Office: mjhouse@buffaloschools.org and pjricci@buffaloschools.org. Be sure to include your Principal on the email. Incident reports must be sent within 24 hours of the incident date and time. Thank you for your timely submission and attention to detail.

INCIDENT	Type of Incident (Check all that apply): <input type="checkbox"/> Athletic Game Injury <input type="checkbox"/> Athletic Practice Injury <input type="checkbox"/> Altercation <input type="checkbox"/> Bus <input type="checkbox"/> Code of Conduct Violation _____ <input type="checkbox"/> Other: _____					Location of Accident: <input type="checkbox"/> Bus <input type="checkbox"/> Classroom <input type="checkbox"/> Gym <input type="checkbox"/> Locker Room <input type="checkbox"/> Track <input type="checkbox"/> Turf Field <input type="checkbox"/> Pool <input type="checkbox"/> Weight Room <input type="checkbox"/> Other _____				
	Time of occurrence	MONTH	DAY	YEAR	TIME	Time reported	MONTH	DAY	YEAR	TIME
	Reporter Name		Reporter Title			School			School Telephone	

ASSOCIATED PERSONS	Enter appropriate code for each: SUBJECT (S), VICTIM (V), SUSPECT (SP), WITNESS (W), PERSON WITH KNOWLEDGE (PK) ▼					
	NAME	SEX	D.O.B.	ADDRESS (#, STREET, ZIP)	TELEPHONE	CODE

NARRATIVE OF INCIDENT	<i>Where possible, identify critical times associated with the incident.</i> On or about...
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ADDITIONAL DETAILS	Body Part Injured: <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p><u>HEAD</u></p> <input type="checkbox"/> Ear <input type="checkbox"/> Eye <input type="checkbox"/> Face <input type="checkbox"/> Head <input type="checkbox"/> Neck <input type="checkbox"/> Scalp </div> <div style="width: 30%;"> <p><u>TRUNK</u></p> <input type="checkbox"/> Abdomen <input type="checkbox"/> Back <input type="checkbox"/> Chest <input type="checkbox"/> Groin <input type="checkbox"/> Shoulder </div> <div style="width: 30%;"> <p><u>EXTREMITIES</u></p> <input type="checkbox"/> Ankle <input type="checkbox"/> Elbow <input type="checkbox"/> Finger <input type="checkbox"/> Foot <input type="checkbox"/> Hand <input type="checkbox"/> Hip <input type="checkbox"/> Knee <input type="checkbox"/> Lower Arm <input type="checkbox"/> Lower Leg <input type="checkbox"/> Thumb <input type="checkbox"/> Toes <input type="checkbox"/> Upper Arm <input type="checkbox"/> Upper Leg <input type="checkbox"/> Wrist </div> </div>			Type of Injury: <input type="checkbox"/> Abrasion <input type="checkbox"/> Bruise <input type="checkbox"/> Burn <input type="checkbox"/> Concussion <input type="checkbox"/> Cut <input type="checkbox"/> Dislocation <input type="checkbox"/> Heat <input type="checkbox"/> Laceration <input type="checkbox"/> Puncture <input type="checkbox"/> Scratch <input type="checkbox"/> Shock <input type="checkbox"/> Sprain <input type="checkbox"/> Strain		PATIENT TRANSPORTED <input type="checkbox"/> YES <input type="checkbox"/> NO
				EMS NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO		
				TREATMENT REFUSED <input type="checkbox"/> YES <input type="checkbox"/> NO		
	First Aid Given: <input type="checkbox"/> AED <input type="checkbox"/> Bandages <input type="checkbox"/> CPR <input type="checkbox"/> Ice <input type="checkbox"/> Other _____		HOSPITAL LOCATION: _____		FIRE DEPARTMENT NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO	PARENT(S) NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO \IF YES, BY WHOM: _____
		ARREST(S) MADE <input type="checkbox"/> YES <input type="checkbox"/> NO	OFFICER(S) NAME: _____		LAW ENFORCEMENT NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO	
VIDEO EVIDENCE <input type="checkbox"/> YES <input type="checkbox"/> NO CAMERA/S LOCATION & TIME STAMP:		REPORTING PERSON'S NAME(PRINT):	REPORTING PERSON'S SIGNATURE:		PRINCIPAL'S SIGNATURE:	

This document is an official business record belonging to the Buffalo Athletics Department. Your signature on this document certifies that all the information contained is true and accurate. School must keep all notes and statements on file at the school.