



**Mercy Crew Injury
Medical Condition
Form**



Instructions: Complete Parts I and II and sign and give to Coach Brown. If you have any questions, please contact Coach Brown at tbrown@mercyhs.com.

PART I - ATHLETE INFORMATION	
Name:	Home Address:
Home Phone:	Cell Phone:
Grade:	Email:
Parent 1 Name:	Parent 1 Cell Phone:
Parent 2 Name:	Parent 2 Cell Phone:
PART II - INCIDENT INFORMATION	
Incident Date and Time:	Witnesses:
Location of Incident:	Medical Treatment Provided: (check if applicable) <input type="checkbox"/> First Aid by Staff <input type="checkbox"/> Hospital/Urgent Care <input type="checkbox"/> Personal Physician
Part of body injured:	Name, Address & Telephone Number of Doctor/Hospital/Urgent Care:
Type of injury: (e.g. bruise, burn, cut, fracture, puncture, swelling, sprain, strain, etc.)	Will athlete miss practice or school? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of incident: (Include causal factors that contributed to the accident. Please be specific and include as many details as possible. Attach additional sheets if necessary.)	
Follow-up actions or recommendations:	
Report Completed by Signature:	Date:
Student Athlete Signature:	Date:
Mercy Crew Board Review:	