



Saskatoon High Schools Sports Injury Record Form

(for permanent record while student attends school)

NAME:	Sex: M / F	School:
Hospitalization #:	Birth Date:	
Parent/Guardian:	Phone: H)	W)
Doctor:	Hospital:	

MEDICAL HISTORY - indicate yes where applicable

<input type="checkbox"/> Allergies	<input type="checkbox"/> Concussion	<input type="checkbox"/> Other
<input type="checkbox"/> Asthma	<input type="checkbox"/> Diabetes	
<input type="checkbox"/> Chronic strain OR sprain	<input type="checkbox"/> Heart defect	
	<input type="checkbox"/> On medication	

If yes, please provide pertinent information: _____

Parent/Guardian Signature: _____ Date: _____ 20__

I N J U R Y R E C O R D

Nature of Injury:
Cause:
First Aid & Follow Up:
Date: _____ Signature of Coach/Manager: _____
MEDICAL DIAGNOSIS or ASSESSMENT & SUGGESTED REHABILITATION (for doctor's use and to be returned to school file)
Doctor's Signature: _____ Office Phone: _____ Date: _____

Nature of Injury:
Cause:
First Aid & Follow Up:
Date: _____ Signature of Coach/Manager: _____
MEDICAL DIAGNOSIS or ASSESSMENT & SUGGESTED REHABILITATION (for doctor's use and to be returned to school file)
Doctor's Signature: _____ Office Phone: _____ Date: _____

Nature of Injury:		
Cause:		
First Aid & Follow Up:		
Date:	Signature of Coach/Manager:	
MEDICAL DIAGNOSIS or ASSESSMENT & SUGGESTED REHABILITATION (for doctor's use and to be returned to school file)		
Doctor's Signature:	Office Phone:	Date:

Nature of Injury:		
Cause:		
First Aid & Follow Up:		
Date:	Signature of Coach/Manager:	
MEDICAL DIAGNOSIS or ASSESSMENT & SUGGESTED REHABILITATION (for doctor's use and to be returned to school file)		
Doctor's Signature:	Office Phone:	Date:

Nature of Injury:		
Cause:		
First Aid & Follow Up:		
Date:	Signature of Coach/Manager:	
MEDICAL DIAGNOSIS or ASSESSMENT & SUGGESTED REHABILITATION (for doctor's use and to be returned to school file)		
Doctor's Signature:	Office Phone:	Date: