



Interscholastic Athletics Department
 CONFIDENTIAL ATHLETIC INJURY TRACKING FORM
 (Required for LAUSD Athletes Only)

ATTACHMENT E

It is the responsibility of the Coach to complete this form. Use a separate form for each incident or student. Copies of this form must be given to the School Nurse and Assistant Principal/Athletics NO LATER than 24 hours following the injury or incident. A copy must also be forwarded to the LAUSD Athletics office.

School of Incident:			ISTAR #		
Head Coach:		Supervising Adult:		Sport:	
Date of Incident:		Time of Incident:		Level (JV, Var, etc.):	
Name of Student:			DOB:		Age:
Gender: <input type="checkbox"/> F <input type="checkbox"/> M	Grade:	School of Attendance:			
Student Address:					
Student Home Phone:			Cell:		
Parent/Guardian Name:					
Nature/Injury/Body Part affected:					
Suspected Concussion*? <input type="checkbox"/> Yes <input type="checkbox"/> No					

**If a Concussion is suspected/diagnosed, a "Concussion Injury Report" must be completed. Also, CIF State Bylaw 313 states: A student athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time for the remainder of the day. A student-athlete who has been removed from play may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and receives written clearance to return to play from that health care provider.*

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			
Referred to Licensed Health Care Provider			
Athletic Director Notified			
Assistant Principal/Athletics Notified			
Principal Notified			
Follow up with parent conducted (and by whom)			
Cleared without restriction by Health Care Provider			
Copy of this form to School Nurse			
Copy of this form to Asst. Principal/Athletics			
Copy of this form to Principal			
Copy of this form to LAUSD Athletics office			
School obtained witness statements			

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 determine eligibility 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 evaluation prior to resuming competitive athletics** (BUL-4948.2).

Coach's Signature:	Date:
Name of Coach (please print):	