



PALM BEACH LIGHTNING

ALL STARS

ATHLETE INJURY REPORT

INTERNAL USE ONLY

Incident Report #

Date Received

1. INCIDENT INFORMATION

Date of Incident

Time

☐ AM
☐ PM

Location / Event (check one)

☐ Practice ☐ Private Class ☐ Competition ☐ Tumbling Class ☐ Private Lesson ☐ Other

2. ATHLETE INFORMATION

Athlete Name

Team

Date of Birth

Age

Parent / Guardian Name

Phone Number

3. INJURY INFORMATION

Body Part Injured (check one)

☐ Head ☐ Neck ☐ Shoulder ☐ Arm ☐ Elbow ☐ Wrist ☐ Hand / Fingers ☐ Back ☐ Hip ☐ Knee ☐ Leg ☐ Ankle ☐ Foot ☐ Other

Type of Injury (check one)

☐ Fall ☐ Collision ☐ Twist / Sprain ☐ Strain ☐ Cut / Abrasion ☐ Bruise ☐ Possible Fracture ☐ Head Impact ☐ Other

4. SYMPTOMS OBSERVED (check all that apply)

☐ Pain ☐ Swelling ☐ Bruising ☐ Bleeding ☐ Unable to Bear Weight ☐ Limited Range of Motion ☐ Dizziness ☐ Loss of Consciousness ☐ Nausea / Vomiting ☐ Numbness / Tingling ☐ Headache ☐ Other

5. IMMEDIATE CARE PROVIDED (check all that apply)

☐ Ice Applied ☐ Rest ☐ Compression ☐ Elevation ☐ Bandage Applied ☐ Splint / Immobilization ☐ Parent Notified ☐ EMS Called (911) ☐ Referred for Medical Evaluation ☐ Sent Home ☐ Other

6. INCIDENT DESCRIPTION

Please include: Activity being performed, skill attempted, position at time of injury, sequence of events.

7. WITNESSES

Coach / Staff

Additional Witnesses

8. PARENT / GUARDIAN NOTIFICATION

Notified By

Time

☐ AM
☐ PM

Method (check one) ☐ Phone ☐ Text ☐ In Person

Parent Response / Comments

9. RETURN TO ACTIVITY

☐ Returned to Practice ☐ Removed from Practice ☐ Sent Home ☐ Requires Physician Clearance

Date Cleared to Return

Restrictions / Notes

10. ADDITIONAL NOTES

11. SIGNATURES

Coach / Staff Completing Report

Printed Name

Signature

Date

Gym Representative

Printed Name

Signature

Date

Parent / Guardian

Printed Name

Signature

Date

Athlete (if applicable)

Printed Name

Signature

Date



SAFETY FIRST. ATHLETES ALWAYS.

PALM BEACH LIGHTNING ALL STARS
EXCELLENCE • INTEGRITY • FAMILY

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