

PENNSYLVANIA INTERSCHOLASTIC ATHLETIC ASSOCIATION, INC.
550 GETTYSBURG ROAD, PO BOX 2008
MECHANICSBURG PA 17055- 0708
TELEPHONE: (717) 697- 0374 OR (800) 382- 1392 FAX: (717) 697- 7721
WEBSITE: www.piaa.org

PIAA INJURY REPORT FORM

If an injury occurs in a contest, PIAA is requesting one of the contest officials to complete this report and enter the information on the PIAA website <http://www.piaa.org/officials/forms/injury-report-form.aspx>. Use this form to gather the information you will need to enter on the website.

OFFICIAL'S NAME(S): _____

DATE: _____

SCHOOL OF INJURED CONTESTANT: _____

LOCATION OF CONTEST: _____

VISITING TEAM: _____ vs HOME TEAM: _____

LEVEL OF COMPETITION (Circle One):

JUNIOR HIGH / MIDDLE SCHOOL JUNIOR VARSITY VARSITY

TYPE OF INJURY: (please circle one)

HEAD FACE ARM/TORSO KNEE ANKLE OTHER

Comments:

Describe serious injuries or serious incidents with as much detail as possible. Please describe, specifically, the injury and action(s) which were observed that may have caused the injury.
