

**ELLWOOD AREA SCHOOL DISTRICT
SPORTS INJURY
INSURANCE FORM LOG**

Student's Name _____

Date of Birth _____ Phone _____ Grade _____

Parent/Guardian Name _____

Address _____

Date of Accident _____ Date Reported _____

Time of Accident _____ Place _____

Sport _____ Injury _____

How injury occurred _____

Remarks:

1. _____

2. _____

3. _____

4. _____

5. _____