**LOS ANGELES UNIFIED SCHOOL DISTRICT**
**OFFICE OF INTERSCHOLASTIC ATHLETICS**

# CONFIDENTIAL ATHLETIC INJURY TRACKING FORM

(Required for LAUSD athletes only)

**It is the responsibility of the coach to complete this form. Use a separate form for each incident or student.**

| | |
|---|---|
| **School:** | **ISTAR #:** |
| **Sport:** | **Level (Var., JV, etc.):** |
| **Head Coach:** | **Supervising Adult:** |
| **Date of Incident:** | **Time of Incident:** |

Copies of this form must be given to the School Nurse and Assistant Principal/ Athletics, no later than three school days following the injury or accident. **An ISTAR must be completed within 24 hours of incident/injury.**

| | |
|---|---|
| **Student's Name** | |
| **Student's Address** | |
| **City & Zip Code** | |
| **Student's Home Telephone** | |
| **Date of Birth & Age** | |
| **Grade, Homeroom, Track** | |
| **Parent/Guardian Name** | |

**Nature of Injury/Body Part Affected:** _____

_____

| **ACTIONS TAKEN** (Indicate date & time or "N.A." if not applicable.) | **DATE** | **TIME** | **COMMENTS** |
|---|---|---|---|
| Parent/Guardian notified/By whom? | | | |
| School Nurse notified | | | |
| Referred to medical doctor | | | |
| Taken to Emergency Room by family | | | |
| Taken to Emergency Room by paramedics/911 contacted | | | |
| Athletic Director notified | | | |
| Assistant Principal (Athletics) notified | | | |
| Principal notified | | | |
| Follow-up with parent conducted | | | |
| Cleared without restrictions by doctor | | | |
| Copy of this form given to Assistant Principal, Athletics | | | |
| Copy of this form given to School Nurse | | | |
| Copy of this form sent to 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 private physician 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 of a private physician ***must*** **be referred to the school nurse for evaluation prior to resuming competitive athletics**. (Bulletin #9 *Medical Clearance of Students Participating in Interscholastic Athletics*, dated 9-1-01)

**Coach's Signature:**_____ **Date:**_____

**Coach's Name (Please print)**_____

c: School Nurse
Assistant Principal/ Athletics

**Assistant Principal/ Athletics: Please forward a copy of the completed form to the Athletics Office.**

*Rev/2014*