

SRU Medical Team Tournament Injury Records (Schools) Date:

Name	Team	Body Area								Outcome	Practitioner	Consent for Rx
and DOB		Injury			Bi lat	New	Re	Follow		1.RTP	Print name,	Name and
		Area	L	R			-current	Up	Given	2.No further play	Time and Sign	
										3 Hospital		Parent/Coach
				D.		C						

Pg ____ of ____