



Recreation Programs Club Sport Accident Report Form

In the event of an accident, please complete this form and return it to the Office of Campus Life.

Name of injured person: _____ Phone number: _____

Address(#, City, State, Zip): _____

Choose one: _____ Student _____ Faculty/Staff _____ Visitor

Person who treated/ responded to the injury: _____

Phone number: _____ Club sport: _____

Address: _____

Witness Name: _____ Phone Number: _____

Witness Name: _____ Phone Number: _____

Date of injury: _____ Time of injury: _____

Describe in detail what was injured specifically (right arm, left knee, etc.):

Describe what led up to the accident and how the accident occurred:

Specific location of accident:

Conditions of Location (weather, on pavement, puddle on floor, etc.):

Describe actions taken by the person who responded (named above):

What was recommended?

Advised to seek medical attention?

Call campus security?

Please indicate injured person's response:

Accepted Declined

Accepted Declined

Follow up report

If the injured person was called by the Office of Campus Life to follow up on the injury, please record date and time called, who called, what was said and the response of the injured person.