



CAMPUS RECREATION ACCIDENT REPORT

INSTRUCTIONS:

1. This form must be completed in full by Campus Recreation staff whenever anyone requires first aid while using Campus Recreation facilities and programs.
2. This form must be completed at the time of the incident and delivered to the Membership Services desk, for filing, within 24 hours of the accident.

GENERAL INFORMATION

Date of Accident:
mm/dd/yyyy

Location of Accident:	Activity at Time of Accident (e.g. IMS Basketball)
-----------------------	--

Name of Injured:	Age:
------------------	------

Address:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
----------	---

Phone Number:	Known Medical Conditions/Allergies:
---------------	-------------------------------------

Witness Name:	Witness Phone Number:
---------------	-----------------------

Time of Incident: AM/PM	Time of First Intervention: AM/PM	Time of Medical Support: Arrival: AM/PM
----------------------------	--------------------------------------	--

Describe the Event: (Give details on all FACTS that led to the accident or injury. Identify the individual(s) and or equipment that may have caused or contributed to the injury)

Event & Conditions: (What was the event during which the incident took place, location of incident, surface quality, light, weather, etc.)

Contacted SERT? <input type="checkbox"/> Yes <input type="checkbox"/> No	Contacted Ambulance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Called Police? <input type="checkbox"/> Yes <input type="checkbox"/> No	Parts of Body Injured:
---	--	--	------------------------

Detailed Description of First Aid treatment: (Equipment & supplies used)

After Treatment, the Patient was: <input type="checkbox"/> Returned to Activity <input type="checkbox"/> Sent Home <input type="checkbox"/> Sent to Hospital/Clinic	If returned to activity, at whose authorization?
--	--

STAFF INFORMATION

Form completed by (print name):	Position:	Program Coordinator reviewed (print name):
---------------------------------	-----------	--

Comments

Signature of Staff & Date:	Signature of Coordinator & Date:
----------------------------	----------------------------------