

ACCIDENT /INJURY FORM

Club Sport _____

Name if Injured Person _____

Date and Time of Accident _____

Place of Accident _____

Type of injury _____

Cause of accident _____

Name of Supervisor of Activity _____

Was Injured Person Sent to University Health Services?

NO _____ YES _____ TIME _____

Was University Security Called?

NO _____ YES _____ TIME _____

Was Ambulance Called?

NO _____ YES _____ TIME _____

TIME DEPARTED _____

Witnesses to Accident _____ PHONE _____

_____ PHONE _____

ADDITIONAL COMMENTS _____

NAME OF PERSON SUBMITTING REPORT

PHONE

TITLE

This form must be submitted within twenty four hours of the accident to the Club Sport Advisor.