# Sport Club Program Injury/Accident Report

*please complete and submit to the Club Sports Office, Room 167, Alumni Gym*

Safety officer(s) on duty

Sport Club

Date, time and location of incident

Injury or Accident?

**INJURED PERSON INFORMATION**

First Name | Last Name

Address

City | State | Zip

Phone # | Email address

Age | Date of Birth | Gender

**GUARDIAN/PARENT INFORMATION (If injured person is a minor)**

First Name | Last Name

Address

City | State | Zip

Phone #

**Suspected Type of Injury**

- ☐ Burn
- ☐ Bruise
- ☐ Cramp(s)
- ☐ Difficulty Breathing
- ☐ Cut/Scrape
- ☐ Fainting
- ☐ Fracture/Sprain/Dislocation
- ☐ Head Injury
- ☐ Loss of consciousness
- ☐ Nausea
- ☐ Sudden Illness
- ☐ Other

**Action Taken:**

First Aid by:

911 called by:

S&S called by:

Taken to hospital by:

Other:

Refused attention

**Part of Body Injured** Side of Body: ◯ Right ◯ Left

| | | | | |
|---|---|---|---|---|
| ☐ Torso | ☐ Hip | ☐ Head | ☐ Ear | ☐ Back |
| ☐ Elbow | ☐ Leg | ☐ Finger | ☐ Nose | ☐ Arm |
| ☐ Wrist | ☐ Ankle | ☐ Toe | ☐ Neck | ☐ Internal |
| ☐ Hand | ☐ Foot | ☐ Eye | ☐ Shoulder | ☐ Other |

**Describe how injury/accident occurred:**

**WITNESS INFORMATION:**

| | |
|---|---|
| Witness #1<br>Name, Address &<br>Phone number | |
| Witness #2<br>Name, Address &<br>Phone number | |
| Witness #3<br>Name, Address &<br>Phone number | |

| | |
|---|---|
| Completed by: | |
| Phone # | |
| Email | |
| Signature & Date | |

IMPORTANT PHONE NUMBERS

| | |
|---|---|
| Safety & Security | (603) 646-4000 |
| Club Sports Office | (603) 646-3825 |
| Heather Somers (cell) | (434) 426-6349 |
| Joann Brisline (cell) | (603) 667-6604 |

For Office Use Only

Follow-up
By:
Date:
Action Taken:

Further follow-up recommend (yes or no):

If Yes, please details: