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 Name, Address & Phone number	
Witness #2 Name, Address & Phone number	
Witness #3 Name, Address & 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: