



INJURY REPORT FORM

PARTICIPANT INJURY CONTACT INFORMATION

This form must be completed by an authorized coach or supervisor

Name _____

Local Address _____

Permanent Address _____

Phone No. _____

PARTICIPANT INJURY GENERAL INFORMATION

Affiliation:	Student	Faculty	Staff	Alumni	Community Member
Year in School	Freshman	Sophomore	Junior	Senior	Graduate
Age	Date of Birth _____		Female	Male	
Email Address	_____				
Program:(list)	Intramurals _____				
	Club Sports _____				
	Recreational Fitness _____				
	Open Recreation _____				

Day, date, and time injury occurred _____

Specify facility location of where injury occurred _____

Did injury occur during a scheduled practice or competition? _____

Explain in detail, all circumstances that occurred which caused the injury. (Include: objects that may have cause the injury-faulty equipment, another persons body, etc.). _____

Was first aid given? Explain what was done and who administered the first aid. _____

Was the injured transported to another facility? If yes, explain who transported the participant and where they were taken. _____

WITNESS TO INJURY

Name _____

Phone No. _____

Name _____

Phone No. _____

Coach/Supervisor of Program _____

Person completing this form _____

RECREATIONAL SPORTS DIRECTOR'S REVIEW

AUTHORIZATION TO BE TREATED _____ Date: _____

ATHLETIC TRAINING ROOM REVIEW

Action taken by Athletic Training Room:

a. Initial evaluation: _____

b. Treatment given: _____

c. Recommendation: _____

Evaluation given by: _____ Date: _____