



INJURY REPORT FORM

CONFIDENTIAL—ATTORNEY/CLIENT PRIVILEGED DOCUMENT

This is a CONFIDENTIAL report to provide information for use by legal counsel in the event a claim is filed against the State or its employees. Under no circumstances should information be given to anyone except authorized state officials.

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: _____