

Dickinson Intramurals and Recreation

Accident/Injury Report

Accident Date: _____ / _____ / _____	Time: _____ am/pm
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Personal Information

Name: _____ Phone: () _____
Address: _____
City: _____ State: _____ Zip: _____
Gender: _____ Age: _____ Birthdate: _____ ID#: _____

Classification of Injured (circle one)

Dickinson Student Dickinson Employee Guest

Location of Accident (circle where the accident occurred)

Biddle Field Turf Field Dickinson Park Belvedere St. Field
Kline Center Climbing Wall Tennis Courts Racquetball/Squash Courts
KW Lawn Morgan Field Other: _____

Specific Location (Example: South St. Corner of Turf Field)

Activity of Time of Accident (Check one)

_____ Intramural Activity _____ Recreation Event _____ Fitness Class
_____ Sport Club Activity _____ Other

Please Specify Program or Event Name at the time of Accident: _____

Description of accident (explain in detail how it occurred)

Specific Part of Body Injured: (ex. Left side of lower back)

(OVER)

Action Taken:

_____ Injured Participant provided First Aid Materials

Describe the first aid provided to the injured participant: _____

Refusal of Treatment

_____ Injured Participant Refused First Aid Treatment

Injured Participants Signature for refusing first aid treatment: _____ Date: _____

_____ DPS Contacted

_____ EMS Contacted

_____ Participant Transported by EMS

Did the Injured Participant Return to Play? _____ Yes _____ No

Witnesses to Incident:

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Recreation Supervisor/Safety Officer completing Form:

Name: _____ Phone #: _____

For Office Use Only:
Follow-up Report

Participant Contacted: Date: _____ Time: _____ am/pm Left Message

Status of Injury: _____

Name of Employee completing follow-up report: _____