

Dickinson Campus Recreation

Accident/Injury Report

Accident Date: _____ / _____ / _____	Time: _____ am/pm
--------------------------------------	-------------------

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 _____ Outdoor Ed. Program _____ 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 by Recreation Supervisor

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: _____

Emergency Response (circle answer)

Was DPS contacted? Yes No

Was EMS contacted? Yes No

Was participant transported by EMS? Yes No

Did the injured participant return to the activity? Yes No

Witnesses to Incident:

Name: _____

Phone #: _____

Name: _____

Phone #: _____

Recreation Supervisor 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: _____