

# Appendix F – Injury/Accident Report Form

## 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 of Incident _____	Time of Incident _____
<b>Circle One:</b> Home Game / Away Game / Practice / Other <b>Circle One:</b> Injury / Accident	

### INJURED PERSON INFORMATION

First Name _____ Last Name _____ Address _____ City _____ State _____ Zip _____	Phone # (     ) _____ Age _____ D.O.B. _____ Male / Female
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### Guardian Parent Info (If injured person is a minor)

First Name _____	Last Name _____	Phone # (     ) _____	Address _____
Address _____		City _____	State _____ Zip _____

<b>Suspected Type of Injury</b> <input type="checkbox"/> Burn <input type="checkbox"/> Breathing Difficulty <input type="checkbox"/> Bruise <input type="checkbox"/> Cramp(s) <input type="checkbox"/> Cut/Scrape <input type="checkbox"/> Fainting  <input type="checkbox"/> <i>Other:</i> _____	<b>Action Taken</b> <input type="checkbox"/> First Aid by _____ <input type="checkbox"/> 911 called by _____ <input type="checkbox"/> Safety & Security called by _____ <input type="checkbox"/> Taken to the hospital by _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Refused attention _____		
<b>Location of Occurrence:</b> <input type="checkbox"/> Chase AstroTurf <input type="checkbox"/> Berry Racquet Courts <input type="checkbox"/> Boss Tennis Center <input type="checkbox"/> Corey Ford Clubhouse/ Rugby Fields <input type="checkbox"/> Garipay Fields <input type="checkbox"/> Hanover Country Club <input type="checkbox"/> KMP/Spaulding Pools <input type="checkbox"/> Leede Arena <input type="checkbox"/> Leverone Field House <input type="checkbox"/> Memorial Field	<input type="checkbox"/> MP Room _____ <input type="checkbox"/> Pool View Room <input type="checkbox"/> Sachem Fields <input type="checkbox"/> Scully-Fahey <input type="checkbox"/> Thompson Arena <input type="checkbox"/> West Gym Courts/Track <input type="checkbox"/> Outdoor Tennis Courts <input type="checkbox"/> Other _____	<b>Part of Body Injured:</b> <input type="checkbox"/> Torso <input type="checkbox"/> Elbow L / R <input type="checkbox"/> Wrist L / R <input type="checkbox"/> Hand L / R <input type="checkbox"/> Hip L / R <input type="checkbox"/> Leg L / R <input type="checkbox"/> Ankle L / R <input type="checkbox"/> Foot L / R <input type="checkbox"/> Head <input type="checkbox"/> Finger or Toe L / R	<input type="checkbox"/> Eye L / R <input type="checkbox"/> Ear L / R <input type="checkbox"/> Nose <input type="checkbox"/> Neck <input type="checkbox"/> Shoulder L / R <input type="checkbox"/> Back <input type="checkbox"/> Arm L / R <input type="checkbox"/> Internal <input type="checkbox"/> Other: _____

Describe how injury/accident occurred:

**WITNESS INFORMATION**

Name	Address	Phone Number
		( )
		( )
		( )

Completed by \_\_\_\_\_ Phone # \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>IMPORTANT PHONE NUMBERS</b>	
Safety and Security	(603) 646-4000
Club Sports Office	(603) 646-3825
Heather Somers (cell)	(434) 426-6349
Joann Brislin (cell)	(603) 667-6604

**Follow-Up**

By \_\_\_\_\_ Date \_\_\_\_\_  
(name)

Action Taken:

Further Follow-up recommend  Yes  No

If YES, please detail: