

Club Sport Injury & Incident Report

Injury Date: ____/____/____ Time: _____ am/pm

Injured Person Information

Name: _____ Phone: () _____

Address: _____

City: _____ State: _____ Zip: _____ Gender: _____ Age: _____

Birthdate: ____/____/____ ID#: _____

Club Sport Information

Sport: _____ Team Captain: _____

Phone: () _____ Email: _____@lewisu.edu

Location of injury: _____

Injury Information

Description of accident and action taken (i.e explain how it occurred and how it was resolved):

Action Taken

Check all that apply: ___ Applied Ice ___ Applied Band-Aid/Bandage ___ Applied Pressure ___ CPR

___ Kept Immobile ___ Elevated Injured Area ___ Taken in Ambulance

___ Taken Home by Friend/Family ___ Remained with Team ___ Injured Drove Self Home

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

Witnesses to Incident:

Name: _____ Phone: () _____

Name: _____ Phone: () _____

ONCE INJURY IS UNDER CONTROL: Witness is to contact the Director of SRFW (siegfrji@lewisu.edu) with the following information: date, time, injured participant name, brief explanation of what

happened, and steps taken. Email subject line should be **Injury Report (Club Sport Name)**. Form must be submitted upon returning to campus.