

Columbus State University

Club Sport Accident Report Form

Please write in and circle answers. Turn in to the Director of Campus Recreation in a timely fashion.

Date of report: _____ Date of injury: _____ Time of injury: _____ a.m. / p.m.

Name of injured victim: _____

SS#: _____ - _____ - _____ Sex: Male Female Date of birth: _____

Phone # of person injured: Home _____ Cell _____ Work _____

Status: Student Faculty Staff Other: _____

Name and address of victim's nearest relative: _____

Relation to Victim: _____ Location of accident: _____

Was security notified? Yes No Was EMS (911) called? Yes No

Time EMS called: _____ a.m. / p.m.

Name of director/supervisor notified: _____

Time supervisor notified: _____ a.m. / p.m.

Immediate action taken (please circle): First Aid/CPR

Sent to Health Center by: _____

Method of Transportation (please circle): Ambulance Private Vehicle Public Safety Vehicle

Did the victim refuse attention? Explain why: _____

Today's Date:

Describe care given for injury:

Give a brief description of the accident and time of injury:

Name, address and phone number of witness(es):

This report was prepared by: _____ Title: _____

Campus Phone: _____ Signature: _____

Follow-up report on victim's progress made by (print): _____

Date: _____ Time: _____

Person talked to: _____

Comments:

