

-Georgia Southern University-
CAMPUS RECREATION AND INTRAMURALS
ACCIDENT REPORT

Date of Injury ____/____/____ Date of Report ____/____/____ Time of Injury ____:____ AM PM

Injured Person Information:

Name _____ Eagle ID # _____

Local Address _____ Local Phone _____

Gender: ___ Male ___ Female Classification: ___ Student ___ Faculty/Staff ___ Other (Specify) _____

Public Safety Notified: ___ Yes ___ No EMS Called: ___ Yes ___ No Time Called: _____

Program Area: ___ Informal ___ Intramural Sports ___ Aquatics ___ Club Sports ___ Fitness ___ Group Fit ___ Southern Adv.

Location of Activity (Building or Facility and/or Field # or Court #)

Describe the Injury and Indicate Part of Body Injured (include right or left side of body).

Brief Description of Accident. Please include activity occurring at the time of injury. (Use back if necessary)

Describe care given for the injury. (Band-Aid, Ice, etc.)

Witness Name(s) and Contact Information.

Action Taken:

Participant Sent To: ___ Home ___ Health Services ___ Hospital ___ Other _____

Transportation: ___ Private Vehicle ___ Ambulance ___ None ___ Other _____

Participant's Signature _____ Date _____

Trainer/Witness's Name _____ Signature _____ Date _____

Report Filed By _____ Signature _____ Date _____

Follow-Up Report made by (Print Name): _____

Date/Time: _____ Person Talked to: _____

Comments: