

APPENDIX I
College of William and Mary Recreational Sports
INJURY / INCIDENT REPORT FOR SPORT CLUBS

Sport Club _____ Safety Officer _____

Injured Person

Name _____ Age _____ Sex _____

Local Address _____

Phone Number _____ Email _____

School ID# _____ Year in school (e.g. freshman) _____

Incident

Date Incident Occurred _____ Time _____

Location _____

When incident occurred (Check one. Describe if "Other"):

Club Practice _____ Club Competition _____ Other _____

Injured Area(s) (e.g. Left knee, right ankle, etc.) _____

Details of Incident (Include context, primary cause of injury/incident, painful and/or injured area(s) as described by the patient. (Continue on back if more space is needed)

Initial Care Provided By:

Name _____

Address _____

Care Provided _____

Emergency Care Provided By:

Ambulance/EMT _____ Hospital _____ Trainer _____ Other _____

****REC SPORTS MUST BE NOTIFIED IF AN AMBULANCE / EMT IS CALLED, OR THE INJURED PERSON IS TRANSPORTED TO A HOSPITAL FOR TREATMENT NO MATTER HOW SEVERE THE INJURY!!! PHONE #'S ARE FOUND ON APPENDIX E.***

Report Prepared By: _____ Phone: _____

Preparer's Signature _____ Date Submitted _____

Signature of Assistant Director of Rec Sports _____