Rice University Club Sport Accident Report

Today’s Date: _______________ Day: _______________ Time: _______________

PERSONAL DATA
Name of Injured: _________________________________ Student ID: ______________
Local Address:___________________________________________________________
Local Phone: ____________________________ Sex: ___ Age: ___ DOB: ______________
Status: Student__ Alumni __ Faculty __ Staff __ Spouse __ Other __________________

DETAILS OF ACCIDENT
Time of Accident:____________________ Building/ Court #/ Field # ______________
Sport:______________________________ Team Name:_________________________

HOW DID INJURY OCCUR
Specific description of how the injury occurred: (use back if necessary)______________  
________________________________________________________________________  
________________________________________________________________________  
________________________________________________________________________  
________________________________________________________________________  

What care has been provided and what actions have been taken for injury? (be specific) __  
________________________________________________________________________  
________________________________________________________________________  
________________________________________________________________________  
________________________________________________________________________  
________________________________________________________________________  

POSSIBLE TYPE OF INJURY
__ Blister __ Contusion __ Fracture __ Puncture __ Strain __ Avulsion __ Concussion __ Dislocation  
__ Sprain __ Abrasion __ Laceration Other: _______________________________________

SUBSEQUENT ACTION TAKEN
Was participant advised to see further medical treatment? ____________I understand that I was  
Yes ___ No ____________ advised to discontinue  
Did participant refuse care? ____________ advisement to discontinue  
Yes ___ No ____________ further participation.  
Was the participant advised to discontinue further participation?__Yes ___ No ____________ participation.  
Did the participant continue to participate? ____________  
Yes ___ No ____________  
Was RUPD notified?  
Time notified? _______ Time responded _______ Name and Badge # of officer ____________  
Was REMS notified?  
Time notified? _______ Time responded _______ Notified by whom ____________  

Report was prepared by: ____________________________ Job Title: ____________________________  
Witness Name: ________________________________ Witness Phone: ____________________________  
Signature of Injured: ________________________________ Date: ____________________________