

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? \_\_\_ Yes \_\_\_ No I understand that I was  
Did participant refuse care? \_\_\_ Yes \_\_\_ No advised to discontinue  
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: \_\_\_\_\_