

**University of Wisconsin-Whitewater Office of Recreation Sports and Facilities
Accident Report Form**

Personal Information of Injured Person

Name: _____ I.D.# _____
Local Address: _____
Sex: M/F Age: _____ Date of Injury: _____ Local Phone: _____
Time of Injury: _____

Facility

Please indicate where in the facility the accident occurred.

_____ Williams Center: (Main Gym, Gym 4, Weight Room, Locker Room, Dance Studio, Pool,
Fieldhouse: Ct. 1, 2, 3, 4, Other _____)
_____ Outdoor Facilities: Intramural Fields _____ Tennis Courts _____ Sand Volleyball Courts
_____ Perkins Stadium _____ Starin Park Fields/Courts _____ Lawcon Park Fields/Courts _____
_____ Other: University Fitness (be specific): _____
Please describe the conditions of facility (be specific): _____

Injury

Nature of injury

Part of body injured

Abrasion	Laceration	Poisoning	Foot	Face	Teeth	Eye
Bite	Scald	Puncture	Ankle	Hand	Finger	Scalp
Bruise	Bump		Arm	Head	Neck	Abdomen
Cut	Electric Shock		Back	Knee	Thigh	Shoulder
Bone Injury	Amputation		Chest	Leg	Elbow	Nose
Joint injury	Asphyxiation		Face	Mouth	Hip	Other _____
Other _____			** Right or Left part of body**			

Action Taken

911 Called (Yes or No) Sent to Hospital (Yes or No) Name of Hospital: _____
First Aid Applied? (Yes or No) Type of First Aid administered: _____
Treatment refused? (Yes or No) _____ Referred to physician or Health Center? (Yes or No)
Was parent/other notified (if minor)? (Yes or No) Other Comments: _____

I hereby refuse any and all First Aid assistance offered by the employees of the Office of Recreation Sports and Facilities. I also understand that I may choose to not seek medical treatment as recommended by the Office of Recreation Sports and Facilities.

Date: _____ Signature: _____

Witness (when possible)

Name: _____ Age: _____ Local Phone: _____
Local Address: _____

The above statement is true and correct to the best of my knowledge. (Signature of Patient): _____

Name and Position of Rec. Sports Employee: _____

Signature of Rec. Sports Employee: _____