

Marquette University Club Sports

Department of Recreational Sports

ACCIDENT REPORT

NAME: _____ ID#: _____ TIME: _____ am/pm

LOCAL ADDRESS: _____ PHONE: _____

AGE: _____ SEX: M F

SUSPECTED TYPE OF INJURY (circle):

abrasion or contusion	burn	foreign body in contact of embedded	inhalation
poisoning	bite	concussion	fracture
laceration	puncture	sprain/strain	fainting
heat exhaustion	nose bleed	shock/electric	other _____

Part of body injured (be specific, i.e., left upper arm, third finger right hand, etc.): _____

LOCATION OF ACCIDENT:

Circumstances: Describe what happened before, during and after the accident:

Treatment rendered, if any: _____



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ACTION TAKEN:

_____ Health center called. Transported to by: _____ Ambulance called _____
_____ Home by self/friends. Friends name (print): _____ MFD Paramedics called _____
_____ Security transport to: _____ Other: _____

Witnesses:

_____ (Name) _____ (Address and Phone) _____ (location in relation to injury)

COMMENTS:

Name of Person Completing Report (print)

Signature of Person Completing Form

I have read the above information and understand that the first aid treatment received today is only temporary, and was NOT provided by a licensed medical professional. It is my responsibility to seek further medical attention at my discretion.

Signature

Date

I have knowingly waived my right to the medical assistance to be provided by the building staff and release them from all responsibility associated with this accident/incident.

Signature

Date



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