



EASTERN KENTUCKY UNIVERSITY
2007-2008 SPORT CLUBS
INJURY REPORT FORM

Date: _____ Time: _____
Activity: _____ Location: _____
Participant's Name: _____ Phone: _____
EKU ID #: _____ SSN# (If Non-Student): _____
Local Address: _____
City: _____ Zip Code: _____

Action Taken (check all that apply):

EMS contacted Time: _____
EMS arrived Time: _____
Injured participant treated by EMS Time: _____
*Injured participant treated by witness Time: _____
Injured participant taken by EMS Time: _____
Injured participant refused all treatment Time: _____
Injured participant returned to participate Time: _____

* Describe treatment given to injured participant by the witness

*** Complete Injury Report by filling out reverse side of form ***

Location of injury on injured participant's body:

(circle one) Right Left

Describe how the participant became injured:

Officials of contest:

** if applicable*

Phone: _____

Phone: _____

Phone: _____

Witness[es]:

Phone: _____

Phone: _____

Club officer completing Injury Form:

Phone: _____

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Office use only

Participant contacted

Date: _____

Time: _____

Status of injury and further treatment:

