University of Wisconsin-Whitewater Office of Recreation Sports and Facilities Accident Report Form – *use reverse side of form to describe events/share information*

Person	nal Information of Injured Person	
Name:	I.D.#	
Club Name:		
Local Address:	Local Phone:	
Sex:FemaleMale	Prefer Not to Share Age:	
Date of Injury:	Time of Injury:	
	Facility	
Please indicate	where in the facility the accident occurred.	
Williams Center: Specify:		
Outdoor Facilities: Intramural Fiel	ds Tennis Courts Sand Volleyball Courts	
Perkins Stadium	Starin Park Fields/Courts Lawcon Park Fields/Courts	
University Fitness		
Other (be specific):		
Please describe the conditions of facility (be s	pecific):	
	· · · ·	
	Injury	
Nature of injury – select up to three options	Part of body injured – select up to three options	
	Side of body: Left Right N/A	
	Action Taken	
911 Called: Yes or No	Sent to Hospital:YesNo	
	Name of Hospital:	
First Aid Applied:	Yes orNo	
Type of First Aid administered:		
Select up to three options		
Treatment refused? Yes or No	Referred to physician or Health Center: Yes orNo	
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 (w	hen possible)
Name:	Age:	Local Phone:
Local Address:		
The above statement is true and correct	ct to the best of my know	wledge.
(Signature of Patient):		
after the injury (be as descriptive	e as possible).	cription of what happened leading up to, during and
FOR OFFICE USE ONLY		
Name and Position of Rec. Sports E	mployee:	
Signature of Rec. Sports Employee:		

Turn this form in to The Office of Recreation Sports & Facilities 100 Williams Center



Online submissions permitted via email at clubsports@uww.edu