

UNIVERSITY RECREATION INJURY REPORT

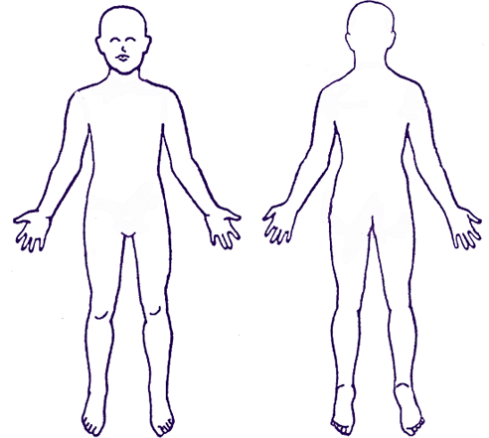
BE DETAILED. USE BLUE OR BLACK PEN ONLY. SUBMIT COMPLETED REPORT TO YOUR SUPERVISOR.

Staff Completing Report: _____ E-Mail: _____@uark.edu

Injured Person: _____ Phone: _____ E-Mail: _____

UA/UREC ID#: _____ Parent/Guardian Phone: _____

Injury (Circle body part(s) and describe injury): _____

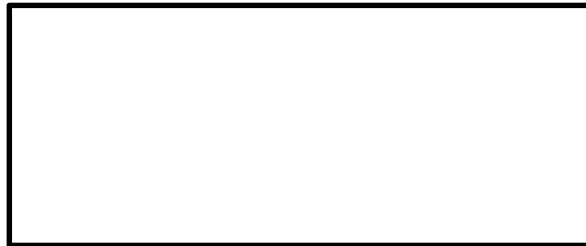


Pertinent Medical Information (Has injury occurred before?): _____

How Accident Occurred (Describe. Include program area/group & activity): **Date:** _____ **Time:** _____

Location of Accident (Describe): _____

Diagram Location of Site Where Accident Occurred:



Person Taking Action: _____ **Email:** _____@uark.edu

Action Taken/Assistance Given: _____

Emergency Services (Dialing 911 on HPER landline will connect to Emergency Care Services and UAPD)

Central EMS called?

Central EMS called by staff?

UAPD called*?

Central EMS refused by patron?

Participant refused care by UREC staff?

**Gave Participant Local Medical Resources Sheet?

*If Emergency Care Services (911) is called, ensure that UAPD is also notified at the same time.

**Only give Local Medical Resources Sheet if participant does NOT go with EMS.

UREC Staff: Always inform injured patrons that they should seek further medical attention if their injury lasts or worsens. Staff are not medical professionals and therefore cannot make a diagnosis of any kind.

Witnesses

Name: _____ Phone: _____ E-mail: _____

Name: _____ Phone: _____ E-mail: _____

I will NOT hold the University of Arkansas or the University Recreation Staff liable for any injury resulting from treatment provided. I understand that the University Recreation Staff are not medical professionals and cannot diagnose my condition; therefore I am advised to seek further medical treatment. I have read this report and agree that the information is accurate.

Injured Participant's Signature: _____ Date: _____ / _____ / _____

Additional Comments: _____

Official Use Only (Program Director):

Participant Follow Up	YES	NO	Date	Time
Left message/E-mail (circle medium used)	_____	_____	_____	_____
Spoke to Injured Participant	_____	_____	_____	_____
Spoke to Parent/Guardian	_____	_____	_____	_____

Additional Notes: _____

SUBMIT COMPLETED FORM TO PROGRAM AREA SUPERVISOR Date Submitted: _____