

The University of North Carolina at Greensboro
Department of Recreation & Wellness
Accident Report

1) PATRON INFORMATION

Patron Name: _____ Date: ____ / ____ / ____ Time: _____

Age: _____ Gender: _____ UCG ID#: _____ Phone: _____

Status: ___ Student ___ Faculty ___ Staff ___ Alumni ___ Guest ___ Spouse ___ Other: _____

2) PROGRAM AREA

- Aquatics
- Club Sports – Competition or Practice (circle one)
- Facilities / Special Events
- Fitness
- Intramurals
- Outdoor Adventures
- Team Quest
- Other: _____

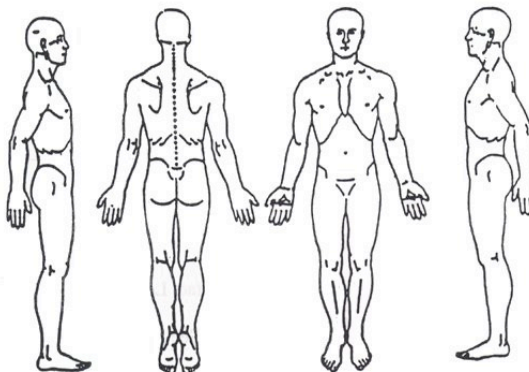
3) LOCATION

- Kaplan Center, specific location: _____
- Recreation Field
- North Field
- Piney Lake
- Other: _____

4) NATURE OF ILLNESS / INJURY (check all that apply)

- Possible Sprain/Strain
- Possible Dislocation
- Bruise / Contusion
- Abrasion / Scratches
- Fainting
- Bleeding
- Seizure
- Shock
- Cut / Laceration
- Respiratory/Breathing
- Water emergency
- Other: _____

5) AREA(S) INJURED (circle all applicable areas)



6) ACTION TAKEN (check one below)

- Injured refused of care, Recreation & Wellness staff advised participant to seek additional medical attention.
- Recreation & Wellness staff provided care and the participant remained at site.
- Recreation & Wellness staff provided care and advised participant to seek additional medical attention.
- Recreation & Wellness staff provided care and friend/family took participant to seek additional medical attention.
- Recreation & Wellness staff provided care and EMS was notified and participant refused emergency transport.
- Recreation & Wellness staff provided care and participant was transported to hospital by EMS.

7) INJURY / ACCIDENT DETAILS (What happened? What did the patron tell you? Be specific and only state facts.)

What assistance did you do to help the injured person (check all that apply)?

- Provided ice
- Provided wound care
- Provided wheelchair assistance
- CPR
- AED
- Other: _____

Note: all staff involved in a Code Red emergency must also complete an Incident Report (one from each staff member).

8) EMERGENCY RESPONSE LOG

Responders	Time Contacted	Time Arrived	Report #
Recreation & Wellness Personnel			
Campus Police			
Emergency Medical Personnel			

Injured Taken to: _____

If injured left with another person, with whom did the injured person leave? _____

9) PARTIES INVOLVED

Staff Completing Form Name: _____ Date: _____

First Responder Name: _____ Phone: _____

Witness Name: _____ Phone: _____

Witness Name: _____ Phone: _____

List names of other staff present: _____

10) VERIFICATION (check one below)

- I understand that returning to play may result in further injury. I have been advised to, by an employee of Recreation & Wellness, to seek medical attention.
- I would like to refuse aid from the Recreation & Wellness staff. I have been advised to, by an employee of Recreation & Wellness, to seek medical attention.
- I will discontinue my participation for the day. I have been advised to, by an employee of Recreation & Wellness, to seek medical attention.

Injured Person's Signature: _____ Date: _____

OFFICE USE ONLY

Reviewed by:

Date: _____