

Reviewed By: _____

Date: ___/___/___

Intramural/Recreational Sports
Accident / Injury Report

Activity: _____

Date: ___/___/___

Time Reported: _____ am/pm

Time Treated: _____ am/pm

Name of Injured: _____ Phone: _____ E-Mail _____

Local Address: _____

Permanent Address: _____

Parents/Guardian Phone: _____

UA or HPER ID#: _____ Age: _____ Child of: _____ M/F: _____

LOCATION OF ACCIDENT (Please Mark Location on Map on Pages 3 & 4 or circle here if not on map)

Gymnasium # 1 2 3 4 Fitness Center Jogging Track Classroom # _____

Men's Locker Room Women's Locker Room Human Performance Lab Corridor _____

Dance Studio 216, 220 Men's Sauna Women's Sauna Outdoor Rec Center

Intramural Field 1 2 3 4 Sports Club Fields Climbing Wall Tennis Courts

Pool Lanes Shallow Deep Multi-Purpose Room Other _____

Racquetball Ct. 1 2 3 4 5 6 7 8 9 10

Nature of Accident

Head	Neck	Arm – L/R	Leg – L/R	Spine
Head/Scalp	Ankle – L/R	Eye – L/R	Back	Elbow – L/R
Wrist – L/R	Knee – L/R	Nose	Hip – L/R	Hand – L/R
Mouth	Shoulder – L/R	Foot – L/R	Tooth	Abdomen
Jaw	Finger	Toe		

OTHER: _____

Previous Injury: _____

(NOTE: Please state factual information and not opinions. Never diagnose injuries. Use additional paper if necessary)

Description: _____

Action Taken/Assistance Given:

Witnesses: **Student** _____ **Faculty/Staff** _____ **Public** _____

Name : _____ Phone: _____

Address: _____

ID#: _____ E-mail _____

Signature of Involved Participant _____

Name : _____ Phone: _____

Address: _____

ID#: _____ E-Mail _____

Signature of Involved Participant _____

Employee Taking Action: _____ Position: _____

Signature: _____ Date: _____ / _____ / _____

Building Supervisor's Signature: _____ Date: _____ / _____ / _____

I hereby will NOT hold the University of Arkansas or the IMRS Staff liable for any injury resulting from any treatment given. I have read all the information on this report to insure it is correct.

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

Ambulance/Hospital Information:

Injured Party was offered ambulance service but refused.

Which hospital was participant transported to: _____

Were they taken to hospital by ambulance service? (yes /no) _____ By IMRS Staff _____ By Friend/Co-Worker _____
By Self _____

Were participant's emergency contacts notified? _____ yes _____ no (if no give reason) _____

Time of call to emergency contact: _____ Person Contacted _____

Which IMRS professional staff member was called? _____ Time of call: _____

Participant Follow-Up Information: (if you reach voice mail be sure and leave a message & contact number to call back)

Date/time of first follow-up call to participant _____
Result {left message}, {spoke to participant}, {spoke to other family member}, {no answer, etc.}

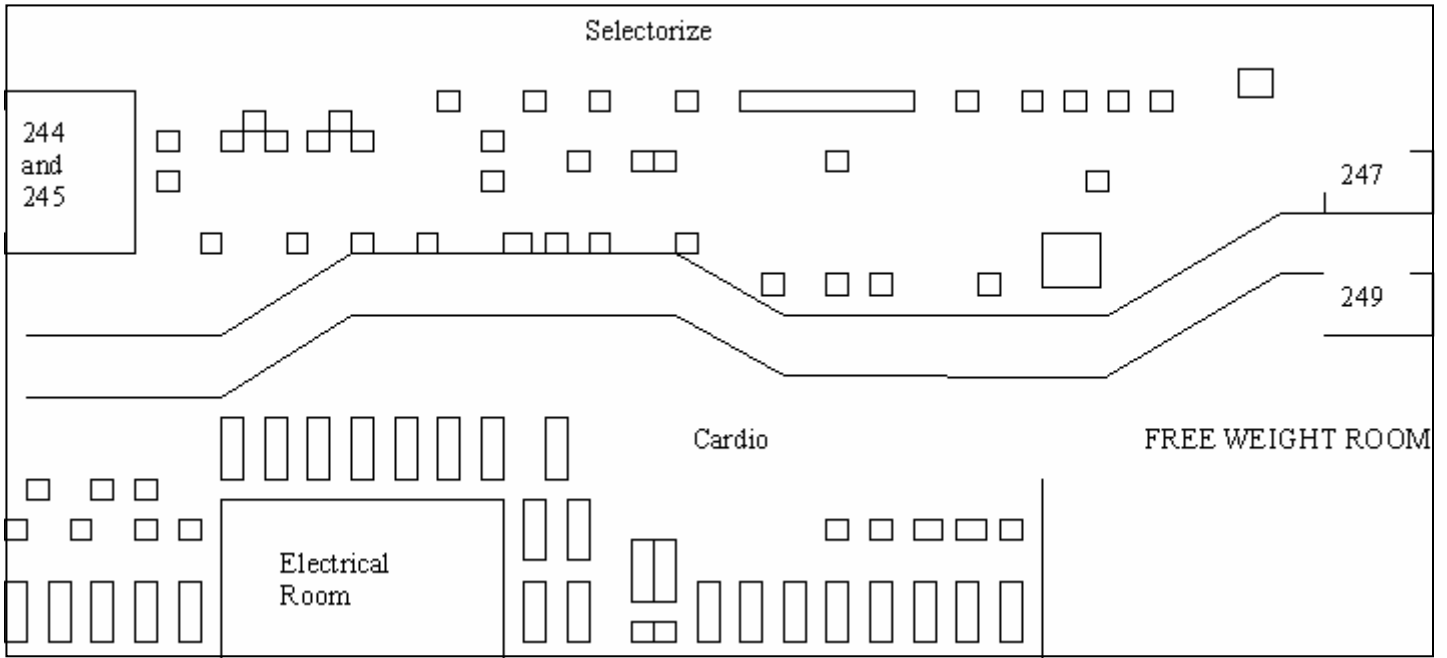
Date/time of second follow-up call (if staff member didn't talk to participant or family member the first time) _____
Result _____

Date/time of third follow-up call (if staff member has not talk to participant or family member first two tries) _____
Result _____

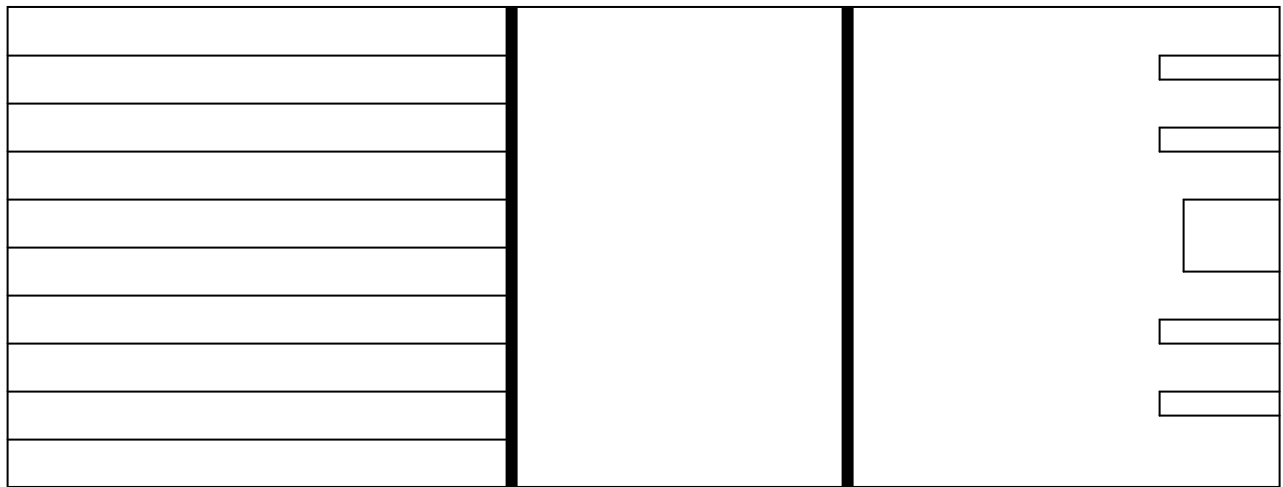
After 3 attempts the report is ready to file. Original to Associate Director, Facilities Office (HPER 235).

Maps
(Please Indicate the Location of the Injury)

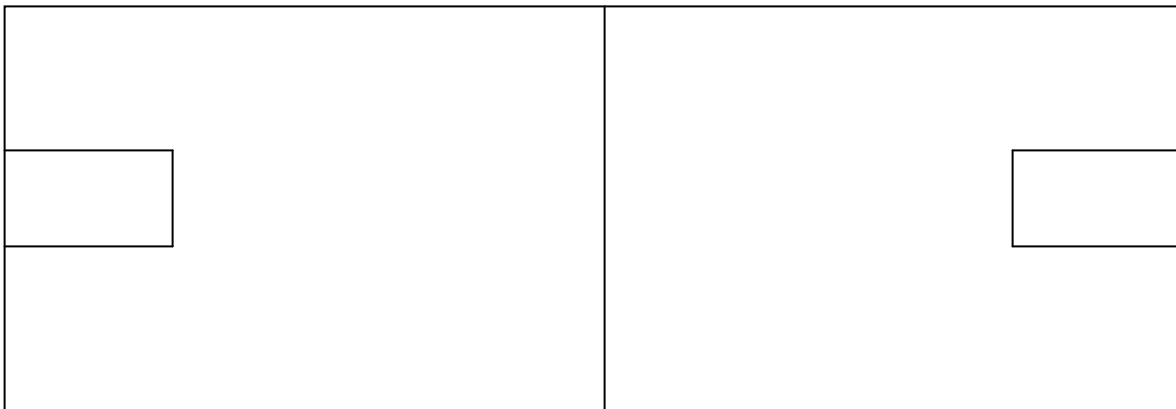
Donna Axum Fitness Center



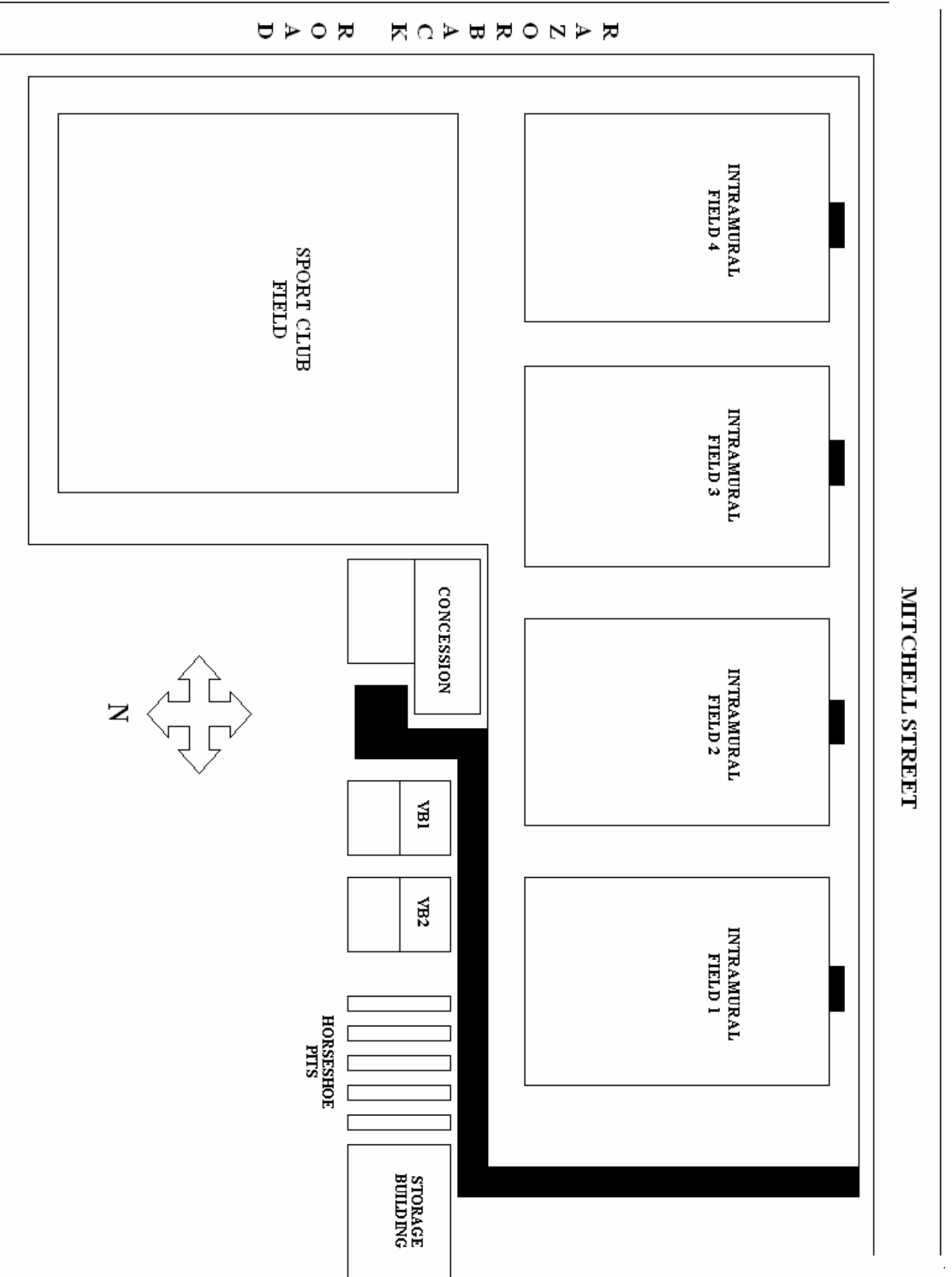
HPER Pool



HPER Gymnasium # 1 2 3 4



Intramural Sports Complex



MITCHELL STREET

R A Z O N B A C K R O A D