



EKU
CLUB SPORTS
INJURY REPORT FORM

Date: _____ Time: _____
Activity: _____ Location: _____
Participant's Name: _____ Phone: _____
EKU ID #: _____ SSN# (If Not ECU 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**

***** 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: _____

◆-----◆
Office use only

Participant contacted

Date: _____

Time: _____

Status of injury and further treatment:

**Submit Completed Form to Fitness & Wellness Center 103 within 2
academic days of injury.**

Review Date: _____ **Reviewed By:** _____