



Report of Accident/Injury

Date of Accident: _____ **Time of Accident:** _____

Name (Person Injured): _____ **A#:** _____

Address: _____ **City:** _____ **State:** _____

_____ **Zip:** _____

Phone: _____ **Gender:** M F

Insurance: Y N **Carrier:** _____

Emergency Contact: _____ **Phone:** _____

Course or Activity Incident Occurred: _____

Instructor: _____

Campus Location Injury Occurred: _____

Injury Information

Describe the details of the injury – events leading up to the injury, sequence of activity, signs and symptoms, location (diagram may be helpful), severity, etc. **(please be specific, use another page if needed):**

Describe in detail any care provided:

I, _____ refuse medical care of any kind for myself or my child (if signed by a parent or legal guardian) and absolve Utah State University and its representatives of any further responsibility concerning this documented incident.

Signature: _____ Date: _____
Witness: _____ Date: _____

Were EMS personnel called? Y N Time Called: _____ Arrival Time: _____

Was person taken to emergency facility? Y N If so, where? _____

Was the person injured released for activity? Y N Were parents/emergency contact notified? Y N

Was there any broken/faulty facility equipment associated with this injury? Y N

If so, what? _____

Has it been removed/blocked off/fixed? Describe:

What could/should the injured have done to prevent the injury?

Any other information associated with this accident:

Witness Information

Name: _____ A#: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Where witness was at time of the accident: _____

Name: _____ A#: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Where witness was at time of the accident: _____

Student Signature: _____ Date: _____

Instructor's Signature: _____ Date: _____

Copies: department office