Lafayette College Recreation Services
Incident Report Form

☐ VEHICULAR ACCIDENT  ☐ PERSONAL INJURY  ☐ COMPLAINT

INCIDENT OCCURRED TO:

NAME: __________________________ AGE: ______ PHONE: __________________________

WERE OTHERS INJURED? ☐ YES ☐ NO IF YES, WHO? __________________________ PHONE: __________

WITNESS: NAME: __________________________ PHONE: __________________________

INCIDENT:

DAY: ______ DATE: ______ TIME OF INCIDENT: ________ LOCATION: __________________________

AREA OF PARTICIPATION: ☐ INTAMURALS ☐ INFORMAL REC ☐ FITNESS ☐ ROCK WALL
☐ SPORT CLUB please identify __________________________ ☐ OTHER

DESCRIPTION OF WHAT HAPPENED: __________________________________________

NATURE OF SUSPECTED INJURY: PART OF BODY INJURED:
☐ BLEEDING (LACERATION OR ABRASION) ☐ FOOT/ ANKLE L R
☐ DISLOCATION /FRACTURED BONE ☐ KNEE L R
☐ BRUISE ☐ LEG/ THIGH L R
☐ STRAIN TO A JOINT ☐ ARM/ SHOULDER L R
☐ STRAIN TO A MUSCLE ☐ HAND/ WRIST L R
☐ OTHER __________________________
☐ FINGER
☐ JAW/ TOOTH
☐ NOSE
☐ HEAD/ FACE
☐ OTHER __________________________

ACTION TAKEN: (Check all that apply)

☐ FIRST AID ADMINISTERED BY __________________________
☐ TRANSPORTED TO THE HOSPITAL BY __________________________
☐ TRANSPORTED TO THE HEALTH CENTER BY __________________________
☐ OTHER ACTION __________________________

VICTIM REFUSED: ☐ ATTENTION ☐ FIRST AID ☐ HOSPITAL
VICTIM’S SIGNATURE: __________________________ DATE: __________

PERSON REPORTING: NAME: __________________________ DATE: __________

________________________________________________________________________

THIS SECTION TO BE COMPLETED BY THE DIRECTOR OF RECREATION SERVICES OR MEDICAL PERSONNEL INVOLVED

DATE: ______ FOLLOW-UP: __________________________ BY WHOM? __________________________

CLEARED FOR ACTIVITY? ☐ YES DATE: ______ COMMENTS: __________________________

CLEARED FOR ACTIVITY? ☐ NO INSTRUCTIONS? __________________________

DATE: ______ FOLLOW-UP: __________________________ BY WHOM? __________________________