University of Kansas
Accident/Injury Report
KU Recreation Services

Date of Accident: _____20_____ **Time of Accident:** ____:____ am ____:____ pm

Name of Injured Person: _____ **KU ISO#: 60174303** _____**(if applicable)**

Classification: **Student** **Faculty/Staff** **Former Student** **Affiliate** **Other:** _____

Sex: M or F **Age:** _____ **years** **Home Phone:** _____ **Work Phone:** _____

Address: _____ **City:** _____ **State:** ____ **Email**: _____

Facility: Student Recreation Fitness Center Robinson Center Shenk Outdoor Complex Other: _____

Location: Gym Courts Racquetball Court Martial Arts Room Aerobicis Room Climbing Wall Outdoor Courts
CRT Level I CRT Level II Indoor Track Outdoor Fields **Field/Court #:** ____ **Other:** _____

Program: Fitness Open Rec. Intramural Sports Outdoor Rec. Sport Clubs Special Event Other: _____

Nature of Injury: (please check observable injuries that apply)

___blister ___eye injury ___incision/laceration ___ skin abrasions
___bruise, contusion ___fracture ___ nosebleed ___ spinal injury
___burn ___frostbite ___ puncture ___ other (please be specific) _____
___dental/tooth-related ___head injury **without** loss of **consciousness** _____
___dislocation ___head injury **with** loss of **consciousness** _____

Location of Injury: (please check all that apply) R=Right L=Left

___abdomen	___eye (R/L)	___forearm (R/L)	___leg (upper) (R/L)	___shoulder
___ankle (R/L)	___elbow (R/L)	___hand/fingers (R/L)	___leg (lower) (R/L)	___toe
___back (upper/lower)	___face	___head	___neck	___wrist
___chest	___foot (R/L)	___hip	___pelvis	___other_____

Condition of Playing Surface: dry wet slippery snow ice **Temperature (if outside)** _____

How injury occurred: (Description of Accident, previous history of injury, other individuals involved, etc.)

(*please be detailed*) _____

_____

_____

_____ (please use back of sheet as needed)

Immediate Action Taken: (please check all that apply)

___Abdominal Thrusts ___Bleeding controlled
___AED utilized (No shock) ___CPR administered
___AED utilized (shock given) ___Ice given/provided
___Antiseptic applied ___Monitored ABCs
___Bandage applied ___Other (please explain) _____

Parent Guardian notified: Yes No

Campus Police / Emergency Personnel called: Yes No

Injured Person Referred to medical assistance: Yes No

Who administered first aid procedures? Name: _____ Position: _____

Witness 1: Name: _____ Phone #: _____ Email: _____

Witness 2: Name: _____ Phone #: _____ Email: _____

Representative Filing Report: Name: _____ Position: _____ Phone #: _____

Supervisor on Duty: Name: _____ Position: _____ Phone #: _____

Reviewed by: Name: _____ Position: _____ Date: ____/____/____

Refusal of First Aid: ____Ice given ____Band-aid given Other:_____ by staff member: _____

Name of Requestor: _____ Signature: _____ Date: ____/____/____