

Tulane University  
Department of Campus Recreation

**Accident Report**

Day \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_\_AM/PM

Activity participating in at the time of Injury \_\_\_\_\_

Exact Location of Accident \_\_\_\_\_

Staff Member Completing Form \_\_\_\_\_

**Injured Person(s) Information**

Name Phone Number Email Address SSN Age (If minor, Parent or Guardian name)

Address City State Zip

Status

- Student  Community Member  Guest

Was TEMS contacted? Yes No Was Treatment refused? Yes No

Was hospitalization required? Yes No If yes, method of transportation \_\_\_\_\_

I have been informed of care available to me via TEMS, but do not wish to use it

Injured Initials \_\_\_\_\_

**Nature of Injury or Illness:**

- Bruise/scrape  Joint out of socket  Nose bleed  
 Fainting  Seizure  Injury to head, neck, or back  
 Puncture  Cut  
 Possible broken bone  Sprain/strain  
 Other (explain) \_\_\_\_\_

Part of body injured (ex: third finger right hand): \_\_\_\_\_

How did accident occur? \_\_\_\_\_

Describe machine, tool, substance, or product, if any, involved in the injury and how involved:

Treatment rendered, if any, and by whom: \_\_\_\_\_

