

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)
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Address	City	State	Zip
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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

Puncture

Cut

back

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: _____

