

ECKERD COLLEGE  
 Department of Campus Activities/ECOS office  
 CLUB INJURY REPORT

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_ Activity: \_\_\_\_\_

**INJURED PERSON:**

Name: _____	Local Address: _____
Student ID # _____	_____
<input type="checkbox"/> Student <input type="checkbox"/> Faculty/Staff <input type="checkbox"/> Other	Local Phone: _____

**INCIDENT:**

Description of Incident: _____ _____ _____				
Type:	Upper Body:	Lower Body:		Area:
	Left    Right	Left    Right		
<input type="checkbox"/> Cut	_____	<input type="checkbox"/> Shoulder	_____	<input type="checkbox"/> Head
<input type="checkbox"/> Break	_____	<input type="checkbox"/> Ribs	_____	<input type="checkbox"/> Neck
<input type="checkbox"/> Sprain	_____	<input type="checkbox"/> Upper Arm	_____	<input type="checkbox"/> Back
<input type="checkbox"/> Bruise	_____	<input type="checkbox"/> Elbow	_____	<input type="checkbox"/> Chest
<input type="checkbox"/> Dislocation	_____	<input type="checkbox"/> Forearm	_____	<input type="checkbox"/> Abdomen
<input type="checkbox"/> Concussion	_____	<input type="checkbox"/> Wrist	_____	<input type="checkbox"/> Other
<input type="checkbox"/> Other	_____	<input type="checkbox"/> Hand	_____	_____
	_____	<input type="checkbox"/> Fingers	_____	_____

**CARE PROVIDED:**

<b>Emergency Care:</b> <input type="checkbox"/> Ice <input type="checkbox"/> Called EMT <input type="checkbox"/> Bandage <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Security       _____	<b>Referred To:</b> <input type="checkbox"/> Health Center <input type="checkbox"/> Hospital <input type="checkbox"/> Physician	<b>Transportation:</b> <input type="checkbox"/> Student <input type="checkbox"/> Security <input type="checkbox"/> Other (security) _____
Describe in detail care given: _____ _____ _____ _____		

\_\_\_\_\_  
 Signature of Supervisor                      Printed Name                      Phone Number

**OFFICE USE ONLY:**

Date Received by Campus Activities: _____	Staff: _____
Follow up Call Date: _____	Time: _____
Comments: _____ _____	