

**LONGWOOD UNIVERSITY  
CLUB SPORTS ACCIDENT REPORT FORM**

**IDENTIFICATION INFORMATION**

Name \_\_\_\_\_ ID Number \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_

Date \_\_\_\_\_ Time of Accident \_\_\_\_\_ AM \_\_\_\_\_ PM

Class: FR \_\_\_ SOPH \_\_\_ JR \_\_\_ SR \_\_\_

SPO# \_\_\_\_\_ Campus Address \_\_\_\_\_ Phone \_\_\_\_\_

Sport in Which Accident Occurred \_\_\_\_\_ Captain in Charge \_\_\_\_\_

**ACCIDENT DESCRIPTION** (in detail-facts only, no opinions)

Describe the injury (using left and right, etc.) \_\_\_\_\_  
\_\_\_\_\_

Describe in detail the location of the accident (in relation to supervisor and other participants)  
\_\_\_\_\_

What was the injured doing when the accident occurred? \_\_\_\_\_

What types of activities preceded the accident (i.e., at the end of game, etc.)? \_\_\_\_\_

Was immediate first aid administered? Describe. \_\_\_\_\_

Follow-up procedure after immediate first aid (which emergency service called, if any, etc.)?  
\_\_\_\_\_

\_\_\_\_\_  
Captain/Supervisor Signature

\_\_\_\_\_  
Phone

\_\_\_\_\_  
First Aid Staff Signature

\_\_\_\_\_  
Phone

---

**DEPOSITION**

Did the injured get the medical attention suggested? \_\_\_\_\_

What was the diagnosis of the physician? \_\_\_\_\_

How long was the injured out of play, if at all? \_\_\_\_\_

Was there any noticeable disability when the person returned? \_\_\_\_\_

\_\_\_\_\_  
Training and First Aid Staff Supervisor Signature

\_\_\_\_\_  
Date Follow-Up Completed