Augusta University's Campus Recreation Incident Reporting Form

Person's Name ____________________ Address ____

Person's Name ____________________ Address ____
street *city* *st* *zip*

Parent/Guardian ____________________ Address ____________________ Phone __________ __________
day *evening*

Incident date / / Time : am ☐ pm ☐

Gender Female ☐ Male ☐

Age ____ Elementary ☐ Middle School ☐ High School ☐ Young Adult ☐ Adult ☐ Senior ☐

Status Student ☐ Member ☐ Participant ☐ Guest ☐ Other ☐

General Information

Describe exactly what happened. ____

Medical Information

Fully describe the injured party's condition and any first aid given.

First aid administered? *yes* ☐ *no* ☐

by whom: ____________

Blood-borne exposures? ☐ ☐

to whom: ____________

Further medical attention? *yes* ☐ *no* ☐ *declined* ☐ If so, where and by whom: ____________

Was parent / guardian / emergency contact notified? *yes* ☐ *no* ☐ If so, when? ____________

Who was called and what was the outcome? ____________

With whom did the injured party leave the site ____________

Witnesses

(check box to indicate staff [s], participant [p], or volunteer [v]; indicate age for youthful witnesses)

s	p	v	name	age	phone	address	city	state	zip
☐	☐	☐							
☐	☐	☐							
☐	☐	☐							

Incident management

Waiver format: ☐ *member* ☐ *program* ☐ *day pass* ☐ *special* ________ *(specify)* ☐ *none*

Staff member filing report ____________ position ________ date ________

Supervisor reviewing report ____________ position ________ date ________

Exec. Dir. reviewing report ____________ position ________ date ________

Follow-up

Was there follow-up contact? *yes* ☐ *no* ☐ If yes, date and by whom? ________ by ________

If yes, detail status. ____

please also complete the reverse side of this form

 Person's Name: ____________ Date: ________

Please check one and only one box in each of the following sections

Specific Location of Incident

Wellness Center
- ☐ Front Desk area
- ☐ Strength training area
- ☐ Locker room
- ☐ Weight room
- ☐ Basketball courts
- ☐ Group Fitness room
- ☐ Indoor track area
- ☐ Second floor east area
- ☐ Second floor west area

Student Center
- ☐ Group Fitness room (room 2021)
- ☐ Cycling room (room 2020)
- ☐ Gaming room (room 2001)
- ☐ Student Wellness (room 2003)
- ☐ Upstairs dining area
- ☐ Parking lot

Competitive Sports
- ☐ Christenberry Field House
- ☐ Jaguar Park

Outdoor Recreation
- ☐ Other - ____________

Program: (indicate name)
- ☐ Club Sports
- ☐ Exercise
- ☐ Group Fitness
- ☐ Intramural Sports
- ☐ Personal Training
- ☐ Outdoor Recreation
- ☐ Special Event: ____________
- ☐ Other - ____________

General Activity
- ☐ Club Sport: ____________
- ☐ Exercise: Cardio equip.
- ☐ Exercise: Free weights
- ☐ Exercise: Strength equip.
- ☐ Exercise: Run / walk
- ☐ Exercise: Other personal
- ☐ Exercise: Personal Training
- ☐ Free / unstructured play
- ☐ Games / structured activity
- ☐ Group Fitness Class
  Class: ____________
- ☐ Intramural: Baseball / Softball
- ☐ Intramural: Basketball
- ☐ Intramural: Disc Golf
- ☐ Intramural: Dodgeball
- ☐ Intramural: Flag Football
- ☐ Intramural: Soccer
- ☐ Intramural: Volleyball
- ☐ Racquetball
- ☐ Theft / robbery
- ☐ Walking - incidental
- ☐ Other - ____________

Specific Action
- ☐ Aggressive behavior of / by
- ☐ Caught in, by, or between
- ☐ Contact with / exposure to
- ☐ Exertion
- ☐ Fall
- ☐ Handle / use / touch
- ☐ Horseplay
- ☐ Inappropriate touch
- ☐ Inhale / ingest
- ☐ Participation / playing
- ☐ Pushed / pulled / bumped
- ☐ Struck by / against
- ☐ Verbal attack / taunt / teasing
- ☐ Other - ____________

Apparent Injury
- ☐ Abrasion / scratch
- ☐ Aquatic distress
- ☐ Bite / sting
- ☐ Bloody / hemorage
- ☐ Breathing shortened / impaired
- ☐ Bruise / contusion
- ☐ Burn / blister
- ☐ Cramp
- ☐ Cut / puncture
- ☐ Dislocation
- ☐ Dizziness / unconscious
- ☐ Fear / intimidation
- ☐ Fracture / break
- ☐ Irritation / reaction
- ☐ Jam
- ☐ Pain / soreness
- ☐ Pinch / crush
- ☐ Seizure / dysfunction
- ☐ Sprain / strain
- ☐ Vomiting
- ☐ No visible / apparent injury
- ☐ Other - ____________

Body part

please check if applicable ==> O right O left O upper O lower

- ☐ Arm
- ☐ Hand / finger
- ☐ Wrist
- ☐ Elbow
- ☐ Leg
- ☐ Foot / toe
- ☐ Ankle
- ☐ Knee
- ☐ Shoulder
- ☐ Chest
- ☐ Stomach
- ☐ Side
- ☐ Back
- ☐ Buttocks
- ☐ Hip
- ☐ Groin
- ☐ Face
- ☐ Ear
- ☐ Eye
- ☐ Nose
- ☐ Head
- ☐ Neck
- ☐ Heart
- ☐ Lungs
- ☐ Mouth / lips / teeth
- ☐ Mind / psyche
- ☐ None / not applicable
- ☐ Other - ____________

Additional Comments