

**AMERICAN UNIVERSITY
INTRAMURAL/CLUB SPORTS
INJURY REPORT**

INJURED PERSON

Name _____ Local Address _____

AU ID _____ Phone _____

Age _____ Sex _____ Class: Fr ___ Soph ___ Jr ___ Sr ___ Grad _____ F/S _____

INJURY

Date of Injury: ____/____/____ Time of Injury: ____:____ (am/pm)

Place of Injury: _____

Nature of Suspected/Stated Injury/Illness (Please be detailed): _____

Description of Incident (describe fully, events, actions, and conditions involved):

Witnesses Information (Name, Address, and Phone):

IMMEDIATE ACTION TAKEN

First Aid Treatment Given: YES NO

By Name: _____ Phone #: _____

Describe First Aid Rendered: _____

Called Public Safety YES NO

By Name: _____ Phone #: _____

Responding Officer: _____

Report Number: _____

Referred to Student Health Center? YES NO

Sent to Hospital? YES NO

By Ambulance Personal Vehicle Friends Vehicle (name) _____

Other Action Taken: _____

REFUSAL OF TREATMENT:

I, _____, understand that at my discretion, I can choose not to seek medical treatment recommended by the emergency medical personnel and hereby choose to do so.

Student's Signature: _____ Date: _____

REFUSAL OF TRANSPORT:

I, _____, understand that at my discretion I can refuse official transport to a licensed health care facility. I understand that by signing this refusal I release American University and its agents from all responsibility for any claim rising from this decision.

Student's Signature: _____ Date: _____

Form Submitted by: _____

Signature: _____ Date: _____

Please attach additional comments