William Paterson University Club Sports
INJURY / INCIDENT REPORT

Club Sport______________________  Instructor/Coach____________________

Injured Person
Name__________________________________  Age_____  Sex_____
Local Address_________________________________________________________________
Phone Number ______________________
Email_________________________________
School ID# ________________  Year in school (e.g. freshman) _____________

Incident
Date Incident Occurred _________________  Time________________________
Location_____________________________________________________________________

When incident occurred (Check one. Describe if “Other”):
Club Practice _____  Club Competition_____  Other________________________
Injured Area(s) (e.g. Left knee, right ankle, etc.)________________________

Details of Incident  (Include context, primary cause of injury/incident, painful and/or injured
area(s) as described by the patient. (Continue on back if more space is needed)
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Initial Care Provided By:
Name ___________________________________________________________
Address _________________________________________________________
CareProvided_____________________________________________________

Emergency Care Provided By:
Ambulance/EMT____ Hospital ____ Trainer_____ Other __________

Report Prepared By: ___________________________ Phone:_______________
Preparer’s Signature_________________________ Date Submitted_________