

College of Education and Health Professions ACCIDENT/INCIDENT REPORT

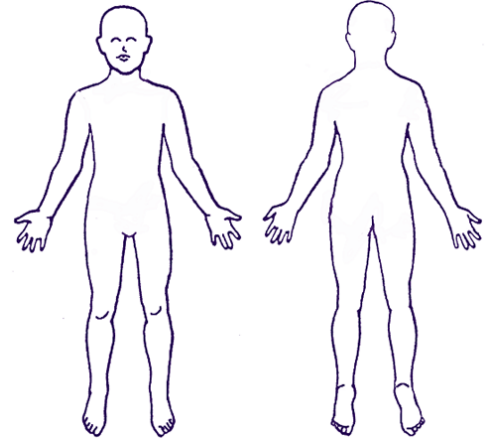
BE DETAILED. USE BLUE OR BLACK PEN ONLY. SUBMIT COMPLETED REPORT TO YOUR SUPERVISOR.

Name of Staff Completing Report: _____ E-Mail: _____

Name of Injured Person: _____ Phone: _____ E-Mail: _____

DL# or UAID#: _____ Parent/Guardian Phone #: _____

Injury (Circle body part(s) and describe injury): _____



Pertinent Medical Information (Has injury occurred before?): _____

How Accident Occurred: _____ **Date:** ___aaa_____ **Time:** aaaaaaaaaa*****A.M. P.M.

Location of Accident (Describe): _____

Diagram Location of Site Where Accident Occurred:



Name of Person Taking Action: _____ **Email:** _____

Action Taken/Assistance Given: _____

Emergency Services (Dialing 911 on any university landline will connect to Emergency Care Services and UAPD)

Central EMS called?	YES	NO	Central EMS called by staff?	YES	NO
UAPD called*?	YES	NO	Central EMS refused by patron?	YES	NO
Participant refused care by staff?	YES	NO			

*If Emergency Care Services (911) is called, ensure that UAPD is also notified at the same time.

COEHP Staff: Always inform injured patrons that they should seek further medical attention if their injury lasts or worsens. Staff are not medical professionals and therefore cannot make a diagnosis of any kind.

Witnesses

Name: _____ Phone: _____ E-mail: _____
 Name: _____ Phone: _____ E-mail: _____

I will NOT hold the University of Arkansas or the College of Education and Health Professions (COEHP) Staff liable for any injury resulting from treatment provided. I understand that the COEHP Staff are not medical professionals and cannot diagnose my condition; therefore I am advised to seek further medical treatment. I have read this report and agree that the information is accurate.

Injured Participant's Signature: _____ Date: ____ / ____ / ____

Additional Comments: _____

Official Use Only:

Participant Follow Up	YES	NO	Date	Time
Left message/E-mail (circle medium used)	_____	_____	_____	_____
Spoke to Injured Participant	_____	_____	_____	_____
Spoke to Parent/Guardian	_____	_____	_____	_____

Additional Notes: _____

SUBMIT COMPLETED FORM TO ASSISTANT DEAN FOR ADMINISTRATION - GRAD 306

Date Submitted: _____