INJURED INFORMATION
Name ____________________________
Address __________________________
Phone __________________________ M ___ F ___
Student ___ Faculty/Staff ___ Other ___
Rec Class ___ IM ___ Masters ___ Club/Team ___
Date of Birth _____________________
Month ___ Day ___ Year ___

BACKGROUND INFO
Date ____________________________
Time ____________________________
First Aid started ________________
Location _________________________
Person in charge @ scene _____________

ACCIDENT DESCRIPTION
To the best of your ability, describe how the accident/injury occurred, include any factors (emotional, physical, environmental) which may have contributed to the injury:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
(Use reverse side of this form if necessary)

INJURY DESCRIPTION
To the best of your ability, describe the nature of the injury:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
(Use reverse side of this form if necessary)

Was victim taken to a Medical Treatment Center?
( ) Yes ( ) No

If yes, by whom?
______________________________

Where?
______________________________

At any time during this accident were you exposed to any bodily fluids (blood, vomit, etc.)?
( ) Yes ( ) No

FIRST AID
Was first aid rendered? ( ) Yes ( ) No

If yes, by whom? ____________________________
To the best of your ability, describe what first aid was rendered:

If accident occurred on campus, was UCSD Police called for support?  (  ) Yes (  ) No
If yes, by whom? _______________ Time: ________ Time Arrived: ________

Was ambulatory support called for? (  ) Yes (  ) No
If yes, who was called? _______________ Time: ________ Time Arrived: ________
By whom? _______________ Time: ________ Time Arrived: ________

Witness Name ___________________________________________ Phone _________
Address ____________________________________________
City_________________ State________ Zip ___________

Witness Name ___________________________________________ Phone _________
Address ____________________________________________
City_________________ State________ Zip ___________

Person submitting this report: ____________________________________________
Address ____________________________________________
City_________________ State________ Zip ___________
Phone ____________________________________________

The specific risks vary from one activity or sport to another, but the risks range from
1) minor injuries such as scratches, bruises, sprains and embarrassment; 2) major injuries
such as joint or back injuries, broken bones, heart attacks, head injuries, and psychological
trauma; 3) catastrophic injuries including paralysis and death.

I acknowledge that I have been informed of these risks involved in my decision, and I
hereby release the employees of UCSD from the liability for all conditions and adverse
effects and from any claim arising from or associated with my condition, which may result
from my refusal of evaluation, treatment, and/or recommendations. I have read and
understand the terms of this release, and have signed it voluntarily. I agree that this
release shall be binding on my heirs, legal representatives, and assigns.

Participant Signature: ________________________________

I have signed this release in the city of La Jolla, California on _____________, and
at __________________ am/pm (Date)

Submit this form to area director within 24 hours of accident or injury

Administration use only

Date Rec’d ______ RC Embry _________ Trainer (if appli.) _________ Follow up _________