UMBC Sport Clubs
Incident Report

(To be completed and submitted within 24 hours of injury)

*If the injury required emergency services outside of the present EMT, please inform the Sport Clubs Coordinator, Tiffanie Tsui at (w) 410-455-2118, (c) 703-819-1870 or tiffanie@umbc.edu*

Name of Injured Person ________________________________________________________________

Campus/Home Address ________________________________________________________________ Phone ________________

________________________________________________________ Email ________________

Date/Time of Incident ________________________________________________________________

Sport Club/Event ________________________________________________________________

Instructor/Coach ________________________________________________________________

First Responder/EMT ________________________________________________________________

Give a brief description of the injury (body part injured and how it occurred):

Steps taken on site, and by whom:

Referral (please check): Notes:

_____ None Necessary _____ Sent to University Health Services

_____ Sent to Hospital _____ Refused treatment

I fully understand the recommendation for further treatment advised by the emergency medical technician/first responder.

_________________________________________ __________________________
Signature of Injured Student Date

_________________________________________ __________________________
Signature of First Responder Date

Copies to:

_________ Director of P.E/Rec Sports
_________ Club Sports Coordinator
_________ Other