

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