



Accident Form

Must be submitted within 2 days of returning to campus

Sport Club _____

Name Submitting Form _____

Phone number/email of person submitting _____

Date and Time of Accident (MM/DD/YY, HR:MM:AM/PM) _____

Injured Participant

Name: _____ Phone Number: _____

WKU ID (800#): _____ Address: _____

Participant Status (Student, Faculty, Staff): _____

Building Area of Accident (University, facility, field #, etc.) _____

Location of Injury _____

Description of Accident _____
