



### 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 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_