



PSUAC ATHLETIC INJURY REPORT

Name of injured participant: _____

Current Address: _____

Parent's Name: _____

Parent's Address _____

Campus Where Enrolled: _____ Semester Standing: _____ Age: _____

Sport: _____ Place of Accident _____

Date and Time of Accident: _____

Nature of Injury _____

Type of Medical Treatment Obtained: _____

Family or Personal Medical Insurance Available? Yes _____ No _____

If Yes, Please Identify the Insurance Company: _____

I certify that the above information is correct:

Signature of Participant: _____

Signature of Activity Supervisor: _____

Witness to Accident: (Name and Address) _____
