Northwest University
Intramural Injury Report

Injured Information:

Name: ___________________________ Home Phone: ______________________

Sport: ___________________________ Team Name/Floor: ______________________

Injury description: _______________________________________________________

_____________________________________________________________________

_____________________________________________________________________

Date and Time of Injury: _________________________________________________

Location of Injury: _______________________________________________________

Treatment of Injury (What was done, by whom, was EMS called?): _____________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

Reported by:

Name: ___________________________ Home Phone: ______________________

Residence: __________________________ Work Phone: ______________________

This form should be submitted to the Intramural Director (Gary McIntosh)
and the Health Services Nurse (Jean Clark) within 24 hours of the incident.