

College of Education and Health Professions INCIDENT REPORT

BE DETAILED. USE BLUE OR BLACK PEN ONLY.

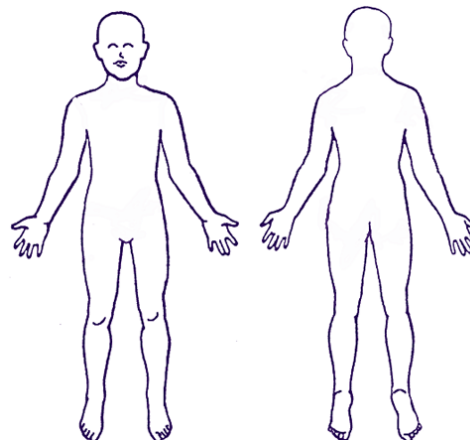
Name of Staff Completing Report: _____ E-Mail: _____

Name of Injured Person: _____ Phone: _____ E-Mail: _____

DL# or UAID#: _____ Parent/Guardian Phone #: _____

Injury (Circle body part(s) and describe injury): _____

Pertinent Medical Information (Has injury occurred before?): _____



How Incident Occurred: _____ **Date:** _____ **Time:** _____ ☐ A.M. ☐ P.M.

Location of Incident (Describe): _____

Diagram Location of Site Where Incident Occurred:



Name of Person Taking Action: _____ **Email:** _____

Action Taken/Assistance Given: _____

Emergency Services (Dialing 911 on any university landline will connect to Emergency Care Services and UAPD)

Central EMS called? ☐ YES ☐ NO Central EMS called by staff? ☐ YES ☐ NO
UAPD called*? ☐ YES ☐ NO Central EMS refused by patron? ☐ YES ☐ NO
Participant refused care by staff? ☐ YES ☐ NO

*If Emergency Care Services (911) is called, ensure that UAPD is also notified at the same time.

COEHP Employee: Always inform injured patrons that they should seek further medical attention if their injury lasts or worsens. Staff are not medical professionals and therefore cannot make a diagnosis of any kind.

Witnesses

Name: _____ Phone: _____ E-mail: _____
Name: _____ Phone: _____ E-mail: _____

I will NOT hold the University of Arkansas or the College of Education and Health Professions (COEHP) Staff liable for any injury resulting from emergency care or assistance provided. I understand that the COEHP Staff are not medical professionals and cannot diagnose my condition; therefore I am advised to seek further medical treatment. I have read this report and agree that the information is accurate.

Injured Participant's Signature: _____ Date: ____/____/____

Additional Comments: _____

Official Use Only:

Participant Follow Up	YES	NO	Date	Time
Left message/E-mail (circle medium used)	_____	_____	_____	_____
Spoke to Injured Participant	_____	_____	_____	_____
Spoke to Parent/Guardian	_____	_____	_____	_____

Additional Notes: _____

SUBMIT COMPLETED FORM TO ASSOCIATE DEAN FOR ADMINISTRATION AND OPERATIONS

Date Submitted: _____

Updated 9/2026