

**HHPR DEPARTMENT  
BAYLOR UNIVERSITY**

Please complete all information in black ink only:

Name of Injured: \_\_\_\_\_

Current Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Current Telephone Number: \_\_\_\_\_ Permanent Telephone Number: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

If Injured is less than 18 years of age – name of parent or legal guardian: \_\_\_\_\_

\_\_\_\_\_ Relationship: \_\_\_\_\_

Address of Parent: \_\_\_\_\_

Telephone of Parent: Home \_\_\_\_\_ Work \_\_\_\_\_

Course Name: \_\_\_\_\_ Teacher: \_\_\_\_\_

Brief description of activity in which student was participating when incident occurred:  
\_\_\_\_\_

Time of Incident: \_\_\_\_\_ Date: \_\_\_\_\_ Place: \_\_\_\_\_

Description of how the incident occurred: \_\_\_\_\_  
\_\_\_\_\_

Description of Injury: \_\_\_\_\_

Treatment of Injury: \_\_\_\_\_ Follow-up Care: \_\_\_\_\_

Name, addresses, and telephone numbers of persons who saw the incident: \_\_\_\_\_  
\_\_\_\_\_

Signature of Injured: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Person in Charge: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Program Director: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Chairman, HHPR Dept.: \_\_\_\_\_ Date: \_\_\_\_\_