

ACCIDENT REPORT

To be completed by Instructor in every occurrence of injury, no matter how slight it may appear, as soon as practicable after securing medical attention for the injured person. Instructor will deliver completed report to Chief Academic Officer who will give a copy to the director (and if insurance claim to be made, a copy to bookkeeper).

Date of Accident: _____ Time: _____

Place: _____

Name of Injured Person or Persons: _____

Student, this department

Student, _____ Department

Faculty of staff member

Visitor

If visit, reason for being on premises: _____

Nature of Injury: (describe briefly) _____

Description of Accident: _____

Medical Attention and Disposition:

School Nurse (R.N.)

Dr. _____

Emergency Room, _____ Hospital

Hospitalized

Sent Home

Returned to Class

Insurance claim anticipated: Yes No

In Instructors Opinion, Was This Accident Preventable? Yes No

Comments: _____

Signature: _____

(Instructor)

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Campus Police Department

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