

# 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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