

To be completed for any accident & incident requiring treatment. Where possible, section 2 is to be completed by injured person, otherwise by the person in charge/on the scene. Please submit ASAP

1. Personal Information of Implicated or Injured Person

Name: _____ Telephone (cell): _____

Email: _____ Telephone (home): _____

Status: _____ Sex: _____ Age (If under 18 parents/guardian must be contacted): _____

2. Description of Accident & Incident

Date of event: _____ Location of event: _____

Time of event: _____ Room # (or closest room): _____

Did it occur during a course? _____ If yes, name of course: _____

Details of Accident & Incident (describe factors contributing to and the extent):

Name of Witnesses	Telephone/Local	Witness, Security, 1st Responder
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Treatment

First aid given: _____ If yes, describe nature of treatment: _____

Treatment administered by: _____

Name of person event reported to: _____

4. Signatures
Name Printed

Injured Person: _____

Witness/Other: _____

Witness/Other: _____

Report prepared / submitted by: _____

5. Notification Information

Was family contacted? _____ If yes, name of person contacted: _____

Was ambulance called? _____ If yes, time called: _____ Hospital: _____