

STUDENT ACCIDENT REPORT

Student's Full Name: _____

Mailing Address: _____ Telephone: _____

Male Female Describe any physical handicaps: _____

Exact location of accident: _____

Date and time of accident: ____/____/____ at _____ AM PM

Program: _____

Type of accident (fall, burn, cut, etc.): _____

Part of body affected: _____

Cause of accident (hazard): _____

Describe accident briefly:

What immediate medical attention did student receive? None First Aid Hospital Own Doctor

Did Student Report at once? Yes No If no explain: _____

Instructor & Director notified (within 24 hours): Yes No

When? ____/____/____ at _____ AM PM

Witness to accident (Name): _____

Instructor Report:

Scene of accident Yes No

Comments: _____

Action taken: _____

Signature: _____ Date: ____/____/____

Note: the student is responsible for his/her own medical cost.