

NOTICE OF INJURY

Student completes:

Name: _____

Department: _____

Instructor: _____

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

Date and time reported to instructor: ____/____/____ at _____ AM PM

Description of how and where the accident happened:

Type of injury: _____

Accident witnessed by: _____

Student Signature: _____ Date: ____/____/____

NOTE TO STUDENT: Emergency first aid treatment may be given by the clinical faculty. However, neither the affiliated clinical agencies nor the college assumes the cost of the treatment and students should report to their own physician for care as needed.

Instructor comment:

What caused the accident?

What needs to be done to prevent this from happening again?

Instructor Signature: _____ Date: ____/____/____