

# 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: \_\_\_\_/\_\_\_\_/\_\_\_\_