



ACCIDENT & INCIDENT REPORT

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):

3. Treatment

5. Notification Information