

Accident / Incident Report Form

Name of Injured Individual:

Student ID:.....

Contact Number:

Date of Accident/Incident: Time of Accident/Incident:

Location of Accident/Incident:.....

.....

Nature of any injuries:

.....

.....

Is this a new injury: Yes: No:

Give details of how injury occurred:

.....

.....

.....

Details Immediate action taken:

.....

.....

First aid given by:

Did you resume Activity? Yes: No:

Was an Ambulance Required? Yes: No:

Did you see a doctor with your injury: Yes: No:

If Yes, name of Doctor:

Did you get referred to A/E? Yes: No:

If yes, what Hospital did you attend:

Witness of incident:..... Contact:.....

I HEREBY CERTIFY that to the best my knowledge and belief the statements and particulars contained herein are fully made and that I have withheld no material fact concerning the accident or the injured party

Signed: _____

Date: _____