**STUDENT ACTIVITIES ACCIDENT REPORT FORM**

This form is used to report all incidents involving personal injury or dangerous occurrences

THIS FORM MUST BE SUBMITTED WITHIN 24 HOURS OF INCIDENT

**WHO** was injured(Details treated as confidential)

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Address:

Student Number­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Male□ Female□

Club/ Society\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**THE ACCIDENT**

**WHAT** Injury occurred to the casualty? (Location on body / How severe)

**HOW** did it happen? (Describe in detail)

**WHERE** did the incident happen? (Location-be specific)

**WHEN** did the incident happen? Date of Incident: Time of incident:

**WHAT** treatment was given and by whom?

**FOLLOW UP**: Health Centre/GP□ Hospital□ Taken to hospital via Ambulance□ No treatment given□

**WITNESSES**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Report completed by:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Connection to injured person

**STAFF USE ONLY**

Absent from university/ work following injury: YES / NO If Yes, for how many days?

Insurance claim submitted: YES / NO Physiotherapy YES / NO

NOTES: