MARY IMMACULATE COLLEGE
ACCIDENT/INCIDENT REPORT FORM

DATE: **TIME ACCIDENT/INCIDENT OCCURRED:**

NAME: **DOB** **ID NO**

STAFF ☐ **STUDENT** ☐ **VISITOR** ☐

PLACE OF INCIDENT:

TRAINING ☐ COMPETITION ☐ PE CLASS ☐ OTHER :

NATURE OF INJURY:

ABRASION ☐ BITE ☐ BRUISE ☐ BURN ☐ CONCUSSION ☐ CUT ☐
DISLOCATION ☐ FRACTURE ☐ LACERATION ☐ PUNCTURE ☐ SCALD ☐
SCRATCHES ☐ ELECTRIC SHOCK ☐ SPRAIN ☐ OTHER :

PART OF BODY INJURED:

ABDOMEN ☐ ANKLE ☐ ARM ☐ BACK ☐ CHEST ☐ EAR ☐ ELBOW ☐
EYE ☐ FACE ☐ FINGER ☐ FOOT ☐ HAND ☐ KNEE ☐ LEG ☐ MOUTH ☐
NOSE ☐ SCALP ☐ TOOTH ☐ WRIST ☐ OTHER :

DETAILS OF ACCIDENT/INCIDENT:

ACTION TAKEN:

☐ **FIRST AID TREATMENT GIVEN BY**_____

SENT TO:
HOSPITAL BY
DOCTOR BY

NAME AND ADDRESS OF WITNESSES:

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SIGNATURE OF PERSON COMPLETING THIS REPORT: