

Research Foundation for SUNY
STUDENT INCIDENT/ACCIDENT REPORT

Student Name: _____ Age: _____ Date of Incident/accident: _____

Mailing address: _____ Gender: _____

Event: _____ Coordinator: _____

Location and/or Incident/accident address: _____

Time of incident/accident: _____ Time reported to director: _____

List all adults present: _____

List all parties involved/present: _____

Description of how and why incident/accident occurred: _____

Nature of injury (pain, cut, etc.) _____

Body part injured: _____

Type of action taken (immediate/long-term): _____

Result: _____

First aid given/by whom (when): _____

Witnessed by: _____

Notification: _____

Time 911 was called: _____

Transportation used (type): _____

Time parent was called: _____

Ambulance used: _____

Time parent reached: _____

Called by: _____

Message left: _____

Hospital/clinic (name/address/phone #) _____

Doctor's name/address/phone # _____

Signatures: _____

Coordinator: _____ Date: _____

Director: _____ Date: _____

Parent (required for accidents only): _____ Date: _____