MARY IMMACULATE COLLEGE
ACCIDENT/INCIDENT REPORT FORM

DATE: PLACE OF INCIDENT :

NAME: DOB: ID NUMBER:

(PLEASE TICK THE FOLLOWING THAT IS APPLICABLE)

STAFF: ☐ STUDENT: ☐ OTHER: ☐

PLACE OF INCIDENT:
TRAINING:☐ COMPETITION☐ PE CLASS:☐
OTHER: (PLEASE SPECIFY)☐

NATURE OF THE INJURY:
ABRASION:☐BITE:☐BRUISE:☐BURN:☐CONCUSSION:☐CUT:☐DISLOCATION:☐
FRACTURE:☐LACERATION:☐PUNCTURE:☐SCALD:☐SCRATCHES:☐ELECTRIC SHOCK:☐
SPRAIN:☐
OTHER: (PLEASE SPECIFY)☐

PART OF THE BODY INJURED:
ABDOMEN:☐ANKLE:☐BACK:☐CHEST:☐EAR:☐ELBOW:☐EYE:☐FACE:☐FINGER:☐
FOOT:☐HAND:☐KNEE:☐LEG:☐MOUTH:☐NOSE:☐SCALP:☐TOOTH:☐ WRIST:☐
OTHER: (PLEASE SPECIFY): ☐

DETAILS OF THE ACCIDENT/INCIDENT:

WHAT ACTION WAS TAKEN:

FIRST AID GIVEN BY:

SENT TO:
HOSPITAL:☐BY: DOCTOR:☐BY:

NAME AND CONTACT OF WITNESS

SIGNATURE OF PERSON COMPILING THIS REPORT: **DATE:**

MIC. 018. 005
ACCIDENT REPORT FORM
DECEMBER 2018