SKIDMORE
COLLEGE

STUDENT / VISITOR / GUEST
(NON-EMPLOYEE)
INJURY/ACCIDENT REPORT

Personal Information:

Name: _____ Date of Birth: _____ □ Male □ Female

Permanent Address: _____ Phone: (____) _____

City: _____ State: _____ Zip: _____

Status (check one): □ Student □ Alumni - If Student/Alumni, Class Year: _____

□ Guest/Visitor □ Volunteer □ Summer/Special Program Participant □ Other: _____

Detail of Injury/Accident:

Date of Injury/Accident: _____ Time of Injury/Accident: _____ □ am □ pm

Location where Injury/Accident Occurred: _____

Activity Engaged in at Time of Injury/Accident: _____

Body Part Injured: □ Right □ Left

□ Ankle	□ Ear	□ Forearm	□ Heel	□ Mouth
□ Shin	□ Toe	□ Bicep	□ Elbow	□ Forehead
□ Hip	□ Neck	□ Shoulder	□ Triceps	□ Buttocks
□ Eye	□ Groin	□ Jaw	□ Nose	□ Sternum
□ Upper Back	□ Calf	□ Eyebrow	□ Hamstring	□ Knee
□ Quadriceps	□ Stomach	□ Wrist	□ Chest	□ Finger
□ Hand	□ Lip	□ Palm	□ Tailbone	□ Throat
□ Collar Bone	□ Foot	□ Head	□ Lower Back	□ Ribs
				□ Other:_____

Medical Care Provided? □ Yes □ No If Yes, Facility Location/Treating Physician: _____

Campus Safety Notified? □ Yes □ No Ambulance Called? □ Yes □ No

Specific Description of how the Injury Occurred: _____

_____

_____

Witness Information:

Witness #1 Name _____ Witness #2 Name _____

Phone or Contact Info: _____ Phone or Contact Info: _____

Signature:

I have verified that this information is complete and accurate.

_____ _____ _____ _____

Injured Person's Signature *(whenever possible)* Date Signature of Person Completing Form Date

If there are any questions, please call the Business Services Office at (518) 580-5812

Send Original to:

Office of Business Services, Skidmore College, 815 North Broadway, Saratoga Springs, NY 12866, Fax: 518-580-5818

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