

SKIDMORE

C O L L E G E

Non-Employee INJURY/ACCIDENT REPORT

Personal Information

Name: _____ Date of Birth: _____

Permanent Address: _____ Phone: (____) _____

City: _____ State: _____ Zip: _____

Status (check one):

Student Alumni Guest/Visitor Volunteer Summer/Special Program Participant Other: _____

If a student:

Student ID # _____ Class Year _____ Campus or Local Address: _____

Detail of Injury/Accident

Date of incident: _____ Time of incident: _____ AM PM On-Campus or Off-Campus

Date/Time incident reported: _____ Name of person notified: _____

Specific location where incident occurred: _____

Witness name: _____ Phone: _____

Activity Engaged in at the time of the Injury/Accident:

Class/Lab Yes No, if yes, what class/lab: _____ Instructor notified: Yes No

SGA club activity Yes No, if yes, Name of Club: _____ Leadership Activities notified: Yes No

Private lesson Yes No, if yes, what lesson: _____ Instructor notified: Yes No

RA responsibilities Yes No, if yes, what task: _____ Campus Safety notified: Yes No

None of the above, describe activity: _____

_____ Campus Safety notified: Yes No

Continue on back



Injury Sustained:

Abrasion _____ Fracture _____
 Bite _____ Laceration _____
 Bruise _____ Puncture _____
 Burn _____ Scratch _____
 Concussion _____ Shock _____
 Cut _____ Sprain _____
 Dislocation _____ Strain _____
 Exposure _____ Inhalation _____

Part of Body Injured: Right Left

Abdomen _____ Face _____ Leg _____
 Ankle _____ Finger _____ Mouth _____
 Back _____ Foot _____ Nose _____
 Chest _____ Forearm _____ Shoulder _____
 Ear _____ Hand _____ Teeth _____
 Elbow _____ Head _____ Wrist _____
 Eye _____ Knee _____
 Other _____

Specific description of how the injury occurred: _____

Medical Care

Campus Safety Notified? Yes No

Was immediate medical treatment necessary? Yes No, if yes – what type:

On-site first aid Health Services SCEMS Ambulance Off-site care Other: _____
 (ER, private physician, Urgent Care, etc.)

Was the individual advised to discontinue participation in the activity? Yes No, if yes, did they cease participation? Yes No

Did the injured party refuse medical care? Yes No

If yes, signature of individual waiving medical care:

Signature: _____ Date: _____

Witness Signature: _____ Date: _____ Phone: _____

Signature

I have verified that this information is complete and accurate

 Injured Person's Signature

 Date

 Signature of Person Notified

 Date

 Print Name Person/Department Notified

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