

# 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 Risk Management Office at (518) 580-5812 or email kbombard@skidmore.edu*

**Send Original to: Risk Management, Skidmore College, 815 North Broadway, Saratoga Springs, NY 12866**