

# 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

Were there any bystanders/caregiver that has direct unprotected contact with the injured person's blood?  Yes  No, if yes, was the bystander/caregiver directed to Urgent Care of Emergency Department  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 kbombard@skidmore.edu*  
**Send Original to: Risk Management, Skidmore College, 815 North Broadway, Saratoga Springs, NY 12866**