SKIDMORE COLLEGE

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 (ER, private physician, Urgent Care, etc.) Other: _____

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