STUDENT INCIDENT REPORT FORM

Please use this form to report accidents, injuries, medical emergencies, or student behaviours incidents. This report form should be completed within 24 hours of the event.

STUDENT INVOVLED

Student Name -

Student Number -

INCIDENT

Name of clinician reporting -

Date of Incident -

Time of incident -

Location -

Nature of Incident: Clinical Incident / Non-Clinical Incident / Near Miss

Description of incident –

Actions taken –

INJURIES

Was anyone Injured? YES / NO

If yes, please note the injuries

Was any treatment required for these injuries? YES, Medical attention received / NO, No medical attention needed

If yes, please note the treatment provided for these injuries

WITNESSES

Were there any witnesses to the incident? YES / NO

If yes, please note the details of the witnesses

FOLLOW UP ACTIONS REQUIRED