



## ACCIDENT / INJURY / INCIDENT REPORT FORM

NAME OF INJURED PERSON	
AGE OF INJURED PERSON	
GENDER OF INJURED PERSON	
ADDRESS OF INJURED PERSON	
CONTACT NO. OF INJURED PERSON	
JOB TITLE OF INJURED PERSON	STUDENT STAFF _____ OTHERS _____
NAME OF CLUB / SOCIETY / DEPARTMENT (STAFF)	
CLUB ADVISOR / SUPERVISOR / TRIP LEADER	
DATE OF ACCIDENT	
TIME OF ACCIDENT	
WHERE DID THE ACCIDENT HAPPEN?	
HOW WAS THE INJURED PERSON TREATED?	FIRST AID CLINIC / HOSPITAL OTHER _____
IF HOSPITAL TREATMENT WAS NEEDED, DID THE INJURED PERSON REMAIN THERE FOR MORE THAN 24 HOURS?	YES NO
ACCIDENT / INJURY / INCIDENT DETAILS (GIVE A FULL DESCRIPTION OF WHAT HAPPENED INCLUDING DETAILS OF ANY INJURY OR DAMAGE)	
DESCRIBE THE ACTION TO PREVENT A RECURRENCE OF THIS TYPE OF ACCIDENT / INJURY / INCIDENT	

Completed by,

\_\_\_\_\_  
Name:

Contact no.:

Date:

Email:

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### INTERNAL USE ONLY

Received by,

( \_\_\_\_\_ )

Position:

Date:

Please complete and submit this form to the Student Services Department.