

## Report of Injury / Illness

for Student / Visitor

<b>Person Injured/Ill</b>	Name of individual injured/ill		student      visitor			
	Address					
	Date of Birth		Phone #		cell      work      home	
	Name and phone number of witness					
<b>Date, Time and Place</b>	Location where incident occurred (town, county, building, room, etc.)					
<b>Cause and Nature of Injury/Illness</b>	Date and Time of occurrence					
	Describe How Injury/Illness occurred					
	First aid provided					
<b>Transportation</b>	Did the individual appear to be coherent?		Yes	No		
	Did the individual lose consciousness?		Yes	No		
	Individual was transported to:		Hospital	Personal Physician		Home
	Individual was transported by:		Ambulance	Other		
	Patient refused treatment / transportation		Yes			
	Were emergency contacts made to family/next of kin?			Yes	No	

Report Prepared by \_\_\_\_\_ Date of Report \_\_\_\_\_

**Send this completed report to Human Resources the next business day**