

Student Accident Report

Student Name:	
Program of Study:	
Class:	
Instructor:	
Date of Accident:	Time:
<input type="checkbox"/> On Campus <input type="checkbox"/> Off Campus. If off campus, location.	
How did accident occur?	
Witness:	
Was sufficient safety equipment in use at time of accident?	
Does the student have College's Student Insurance?	
If yes, #.	

Student Date

Instructor Date

Vice President, Student Services Date

- c Student
- Instructor
- Vice President, Administrative Services