

Montgomery Community College 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?	
Is the student seeking emergency medical treatment (ER, Urgent Care, etc.)?	
If yes, has the student been provided with the student insurance forms (forms accessible at the Information Desk in Student Services)?	
List the Policy # located on the HSR student insurance form.	

Student

Date

Instructor

Date

cc Student
 Instructor
 Division Dean
 Dean of Student Services
 Sr Vice President of Administrative Services
 VP of Instruction and Student Services