CEDARVILLE UNIVERSITY

Student Personal Injury/ Incident Report

Complete this form in an emergency for any incident/injury without regard to severity. Remember to stay calm and document as much detail as possible. Call the director as soon as possible.

Your Name and position on team: _____ Date of incident: / /

Ministry Team: _____ Time of incident: : m

Location of incident (city/state/country): _____ Time of report: : m

Any injuries? Name(s): _____

Medical facility used (phone #) : _____

Type of injury (cut, bruise, etc.): _____

Authorities contacted? ☐ Police ☐ Medical ☐ Pastor/Missionary ☐ Other: _____

List names of officers/medical personnel contacted and any accident report #:

_____

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Others contacted? _____

Incident summary - use back of report if necessary; give as much detail as possible - follow instructions on your Emergency Information card - include any instructions given and by whom. Time code and initial each development/contact in the space below.

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Director contacted: _____

Person/Host from the field contacted (include phone #) : _____

Parents contacted (check medial packet): _____