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 #: ___________________________________________

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): ___________________________________________