STUDENT ACCIDENT/INJURY REPORT
CAMPUS NAME: CITY COLLEGE

THIS FORM IS NOT TO BE COMPLETED BY THE STUDENT

Today's Date: _____

Date of Injury: _____

Time Injury Occurred: _____

Student Accident/Injury report taken by: _____

STUDENT INFORMATION

Student Name: _____ Date of Birth: _____ CSID: _____

Address: _____ City: _____ State: _____ Zip: _____

Student Cell Phone #: _____ Student Home #: _____

Name of your current Insurance Plan and policy number? (if applicable)

Plan name: _____ Policy number: _____

Emergency Contact Name: _____ Emergency Contact Phone: _____

ACCIDENT / INJURY SUMMARY

Location where accident happened: _____

Did anyone witness the incident? ☐ Yes ☐ No If yes, please provide witness name and phone:

Witness Name: _____ Witness Phone: _____

Was first aid rendered to student? ☐ Yes ☐ No By whom? _____

Which body parts were injured? _____

Was student participating in an intercollegiate event? ☐ Yes ☐ No

If yes, was intercollegiate event: ☐ In Season ☐ Out of Season

Was student transported by ambulance? ☐ Yes ☐ No

Exactly how did accident happen? _____
_____
_____

Disposition of Student: (back to class, home, E.R.?) _____

Police report taken? ☐ Yes ☐ No Name of Campus Police Officer: _____

Student Insurance Accident form issued to student? ☐ Yes ☐ No *HIPAA form issued? ☐ Yes ☐ No

(*Form must be issued at time Student Insurance Accident form is issued.)

Date forms were issued? _____ Date forms were received back from student? _____

Date both forms were either faxed to Student Insurance, (Fax: 310.826.1601) or scanned and emailed to Ken

Zwart, (ken@studentinsuranceusa.com): _____

PROMPTLY SEND THIS COMPLETED FORM TO RISK MANAGEMENT/DISTRICT OFFICE

Rev. 09/2013

Copy to VP of Administration