



**STUDENT INCIDENT REPORT ( injury or emergency illness) – For Interoffice Use Only**

*District employee, NOT STUDENT, to complete and return to Student Health & Wellness Office*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Student ID #: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address : \_\_\_\_\_

Is injured:     Student     Student Employee     Student Athlete     Visitor     Child at Children’s Center

**EXPLAIN THE INCIDENT:**

Title of Class or Event : \_\_\_\_\_ Name of Faculty/Employee: \_\_\_\_\_

Day: (circle one) M T W Th F S S    Date: \_\_\_\_\_ (mm/dd/yyyy) Time: \_\_\_\_\_ AM / PM

Did incident occur during a supervised activity?  Yes     No

Where: \_\_\_\_\_

(be specific: building number, room number, etc)

Describe body part injured: \_\_\_\_\_

Describe what happened: \_\_\_\_\_

\_\_\_\_\_

Witness to accident: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

First Aid Given?:  Yes  No    Explain (where, when & by whom): \_\_\_\_\_

Type of health insurance: \_\_\_\_\_

Supervising Staff: Explain what you think are causes contributing to the incident as well as changes that could be made to prevent recurrence: \_\_\_\_\_

Do you have any other information that you think might be helpful for our claims administrator in reviewing the incident? Notes: \_\_\_\_\_

Shasta College Employee Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Box below to be completed by Athletics Division Only:**

Did incident occur during a non-traditional sports session?  Yes     No    Which Sport? \_\_\_\_\_

Did incident happen during intercollegiate sport?  Yes     No    **If yes, please complete the following items:**

Position Played: \_\_\_\_\_     Practice     Competition

I certify that the above injury was sustained while participating in official activities under adequate organizational supervision on \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy).

**Below for Student Health & Wellness Office Use Only:**

At this time has an Accident Claim Been Filed?  Yes     No    Date entered in Accident Database: \_\_\_\_/\_\_\_\_/\_\_\_\_

Notes: \_\_\_\_\_ Date sent to VPAS: \_\_\_\_\_