



INCIDENT REPORT FORM

Date of Incident _____ Time of Incident _____ am pm
 Name _____ Student I.D. # _____
 Phone _____ D.O.B. _____
 Address _____ City _____ Zip _____
 Emergency Contact _____ Phone _____
 Insurance Company *(complete if covered by insurance; otherwise write "None")* _____

PLACE OF INCIDENT

Classroom (specify) _____ BCC Athletic Field _____ BCC Gym _____ BCC PAC _____
 Other Location (if Off Campus, specify) _____

NATURE OF INJURY

Bite _____ Bruise _____ Burn _____ Concussion _____ Cut _____ Dislocation _____ Fracture _____ Poisoning _____
 Puncture _____ Scratches _____ Sprain _____ Strain _____ Other(specify) _____

DESCRIPTION OF ACCIDENT

What was the cause of the incident? How did it happen? *(List specifically unsafe acts and unsafe existing conditions. Specify any tool, machine or equipment involved).*

ACTION TAKEN

Ice _____ Bandage _____ Crutches _____ Eye Wash _____ Sling _____ Splint _____ Wrapped _____
 Other (specify) _____
 Was a parent or other individual notified? No Yes When? _____ How? _____
 Name of individual notified _____ By Whom? _____
 Witnesses: Name _____ Phone _____
 Name _____ Phone _____
 Sent to Hospital (name) _____ Referral to Physician _____
 Refused Treatment _____

Signed _____

Date _____

 (Person Involved)

Signed _____

Date _____

 (BCC Employee)