STUDENT ACCIDENT/INJURY REPORT
CAMPUS NAME: MESA 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: ____________________________
Address: ______________________________ City: __________________ State: ____________ Zip: __________
Student Cell Phone #: _____________________ Student Home #: ________________________

Name of Student’s Health Insurance Plan? (if applicable) _________________________________
Emergency Contact Name: __________________ Emergency Contact Phone: ____________

ACCIDENT / INJURY SUMMARY

Location where accident happened: __________________________________________________
Was first aid rendered to student? ☐ Yes ☐ No   By whom? _______________________________
Which body parts were injured? ______________________________________________________
Was student participating in an intercollegiate event? YES ☐ No ☐
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: ______________________
HSR Student Accident form issued to student? ☐ Yes ☐ No
Date HSR Student Accident form issued: ______________

WITNESS INFORMATION, (if applicable)

Witness Name: ________________________ Witness Phone: ________________________

Signature of Person Completing Form: ________________________________________________

PROMPTLY SEND THIS COMPLETED FORM TO RISK MANAGEMENT/DISTRICT OFFICE
Copy to VPA Office (Campus Safety Officer)

Revised 03/12