LABETTE COMMUNITY COLLEGE

STUDENT ACCIDENT/INJURY FORM

Student Name: _____ Student ID Number: _____

Date of Accident/Incident: _____

Location of Accident/Incident: _____

What was the student doing when accident/incident occurred: _____

Name of substance or object that caused accident/incident: _____

Describe in detail nature and extent of injury: _____

Was student treated at the scene?: ☐ Yes ☐ No

Was student admitted to the hospital?: ☐ Yes ☐ No

Transported to the hospital by ambulance or college personnel? ☐ Yes ☐ No

Hospital name: _____

Will student be able to return to class?: ☐ Yes ☐ No
Additional details: _____

Name(s) of witnesses to the accident/incident: _____

Student Signature: _____ Date: _____

LCC Employee Signature: _____ Date: _____

* Copies of this form should be sent to each Vice President and the LCC Safety Coordinator.

4/19/18