

Off-Campus Student Accident/Injury Report

Procedure for Instructor/Advisor to Follow in the Event of Student Accident/Injury at an Off -Campus Location

1. Render appropriate support to the student including notifying emergency medical services and off-campus location authority;
2. Assist the student to complete this incident form. Forward this incident report to academicandstudentaffairs@capecod.edu;
3. Notify appropriate institutional authority at the location;
4. Obtain copy of incident report filed by institutional authority at the off-site location (school, healthcare agency, business, cooperative/practicum/field work location, etc. and forward to academicandstudentaffairs@capecod.edu.

The purpose of this report is to inform Cape Cod Community College representatives about student accidents or injuries that occur at any Cape Cod Community College instructional location or during any College-sponsored activity.

Report Date: _____

Reported by: _____
Name and Position

Phone # _____

Student Information

Name: _____

Address: _____

Phone Number: _____

Date Incident Occurred: _____ (mm/dd/yyyy) Time: _____ AM/PM

Course/Activity: _____

Location of Accident: _____

Building/Room: _____

Instructor/Advisor: _____

Description of Incident: Describe the Accident/Injury (Tell what happened, how it happened, and action(s) taken. Use the reverse side if more space is needed.)

Police Report/Department or Agency Involved:

Police Department _____

EMS _____

Fire Department _____

Other _____

Witness(es) to Accident/Injury: _____