



MILTON ACADEMY Incident / Accident Report

Complete and submit form to Jay Hackett, Director, Campus Safety and Risk Management within 24 hours of report.

PERSONAL INFORMATION (Injured Party)

Name:	
Birth Date:	Dormitory (If applicable):
Home Address:	
Home Phone No:	Additional Phone No:

INCIDENT / ACCIDENT INFORMATION

Incident / Accident Location:	
Date of Incident/Accident:	Time of Incident/Accident:
Activity at time of Incident/Accident: <i>(team practice, class, etc.)</i>	Specific Actions During Incident/Accident: <i>(running, climbing, etc)</i>
Was there supervision at the time of Incident/Accident?	If yes, by whom?
Part of body injured?	Type of injury?
Detailed description of incident/accident:	
What First Aid was administered?	If yes, by whom?
Person referred to Hospital?	If yes, which Hospital?
Accompanied by:	

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WITNESSES

Name:

Home Phone No:

Cell Phone No:

Home Address:

Name:

Home Phone No:

Cell Phone No:

Home Address:

Name:

Home Phone No:

Cell Phone No:

Home Address:

PERSON(S) NOTIFIED OF INCIDENT/ACCIDENT/INJURY

Name:

Phone No:

Title:

Name:

Phone No:

Title:

Name:

Phone No:

Title:

Name:

Phone No:

Title:

NOTES

Person Completing this Form:

Phone No:

Title: