

Injured person			
STUDENT NAME _____	STUDENT M00# _____		
ADDRESS _____	CITY _____	STATE _____	ZIP _____
PHONE/CELL _____	EMAIL _____		
Birth Date _____		Date of Report _____	
Witness to incident			
NAME _____	PHONE _____	EMAIL _____	
ADDRESS _____	CITY _____	STATE _____	ZIP _____
Supervising Employee Statement			
NAME _____	EMAIL _____		
DATE OF INCIDENT _____	TIME _____	LOCATION _____	
PART OF BODY INJURED _____			
Description of incident _____			
Injured person's initial statement of what happened			
College action			
First aid treatment/recommendations for follow-up measures _____			
Send to: <input type="checkbox"/> MD <input type="checkbox"/> Hospital <input type="checkbox"/> Home <input type="checkbox"/> Health Center by _____			
Signed by MCC staff member _____ Phone ext. _____			
Signed by injured person _____ Date received in HC. _____			