

**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:  MD  Hospital  Home  Health Center by \_\_\_\_\_

Signed by MCC staff member \_\_\_\_\_ Phone ext. \_\_\_\_\_

Signed by injured person \_\_\_\_\_ Date received in HC. \_\_\_\_\_