



ACCIDENT & INJURY REPORT FORM

Date of Injury: _____ Time: _____ AM / PM

Name of Injured Person: _____ Age/DOB: _____

Address: _____

Telephone _____

Name of parent(s)/guardian(s), if injured person is a minor: _____

Faculty: _____

Does the injured party have medical insurance? Yes No

Name of medical insurance company: _____

Injured's relationship to AAMS:

Employee Student Visitor Client Other _____

INJURY INCIDENT

Explain the details of the injury (how did it happen, where did it occur): _____

Who was responsible for supervision at the time of the injury? _____

Where there other children or adults involved? Yes No

If yes, how? _____

Name of Witness: _____ Telephone: _____

Name of Witness: _____ Telephone: _____

RESPONSE

If a minor, was a parent/guardian notified? _____

Were medical personnel consulted or notified? Yes No

If yes, note name, qualifications and treatment given, if any: _____

Was the injured taken to the hospital? Yes No

If yes, hospital name: _____



Committed to Education & Learning

AUSTRALIAN ACADEMY OF MANAGEMENT & SCIENCE

CRICOS Provider No.: 02882M RTO Code: 91354

Why and who transported: _____

Signature: _____

Position: _____

Date Report Filed: _____