



## Student Incident and Injury Report Form

This form is intended to document any injuries sustained by students during school-related activities, whether on or off campus. Accurate reporting is essential for ensuring that appropriate care is provided, as well as for maintaining safety protocols. All fields should be completed to the best of your ability, including details about the incident, the student involved, and any medical attention given. Please submit this form as soon as possible after an injury occurs to allow for timely follow-up and assessment.

**Today's Date:**

### Incident reporter Information

<b>Name</b>		<b>Title</b>	
<b>Email address</b>		<b>Phone number</b>	
<b>Department</b>		<b>College</b>	

### Student Information

<b>Name</b>		<b>Bronco ID #</b>	
<b>Email address</b>		<b>Phone number</b>	
<b>Department</b>		<b>College</b>	

### Incident Details

**Date and Time of Injury**

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**Location of Incident (e.g., building, room number)**

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**Description of the Injury**

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**Type of Injury (e.g., cut, sprain, bruise, concussion)**

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**Was the student engaged in a specific activity when the injury occurred? (e.g., sports, classroom activity)**

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**Was any equipment or object involved in the incident? If yes, please describe.**

**Action Taken**

**Was immediate first aid administered? If so, by whom?**

**Was medical attention required? If yes, what type of care was provided?**

**Was the student sent to the Student Health Center or other medical facility?**

**Did the student return to class or activities after the injury?**

**Witness Information**

**Were there any witnesses to the incident? (If yes, provide names and contact info)**

**Did any faculty member, staff member, or student assist with the situation? If yes, describe their role in the incident.**