

ACCIDENT/INCIDENT REPORT

Lake Land College Health Services
5001 Lake Land Blvd, LSC 512, Mattoon, IL 61938
Office: 217-234-5276 Fax: 217-234-5024
healthservices@lakelandcollege.edu



PATIENT NAME	DATE & TIME OF ACCIDENT/INCIDENT A.M./P.M.
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CURRENT ADDRESS	DATE OF BIRTH
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CITY	STATE	ZIP CODE	TELEPHONE
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PARENT/GUARDIAN NAME(S)	P/G TELEPHONE
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INJURIES (Check all that apply.)

- Scalp/Head Nose L R Eye L R Arm
- Face L R Ear L R Hand L R Leg

Was the patient taken to a doctor or hospital? Y N

If so, where was the patient taken: _____

If so, how was the patient transported: _____

If transported other than ambulance, who transported: _____

Name

Telephone

Were there any witnesses? Y N

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Location of incident (specific building, room, parking lot, etc.): _____

Describe incident in detail: _____

PERSON COMPLETING REPORT	DATE
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- Student Athlete Staff Visitor

Complete this form fully and return it to Health Services at the contact information listed at the top of the page.