

Name \_\_\_\_\_

Position at Beckwith \_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_  
Signature

Director's Comments -- Description of Accident/Illness/Injury

Where you an eye **witness**? If Yes give description of accident: if No indicate what was reported to you.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Action/Recommendations:

Was person referred to: \_\_\_\_\_ Health Service \_\_\_\_\_ Hospital \_\_\_\_\_ Other  
(specify)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reported by (print) \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_

Campus Tel. \_\_\_\_\_ Sec. - # / / \_\_\_\_\_

Reported by: \_\_\_\_\_

Position at Beckwith \_\_\_\_\_

Report of Accident/Illness

**Date** \_\_\_\_\_ **Time** \_\_\_\_\_

Description of Accident: \_\_\_\_\_

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Nature and location of injury \_\_\_\_\_

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Recommendations for prevention/treatment \_\_\_\_\_

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Witness

Name \_\_\_\_\_

Position at **Beckwith** \_\_\_\_\_ Phone # \_\_\_\_\_