**Appendix 1 SU Accident Report Form**

**SU Accident Report Form**

*(to be filled on by an officer of the club and the person suffering the injury, copy to be sent to SU as soon as possible)*

* + - 1. Club/Society:
			2. Name of injured person:
			3. Student id no:/Staff id
			4. Term time address
			5. Home address
			6. Phone no.
			7. Date of accident:
			8. Location of accident
			9. in UL(state where)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,
			10. on trip(state where)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
			11. State the nature of the injury.
			12. What first aid was provided?
			13. Did the patient attend hospital? Yes/No
			14. State name and address of hospital.
			15. Date patient attended if not day of accident.
			16. What treatment was received?

How did accident occur? (to be completed by patient)

* + - 1. Witness 1 Name
			2. Term Address
			3. Home address
			4. Phone
			5. Witness 1 statement
			6. Witness 2 Name
			7. Term Address
			8. Home address
			9. Phone
			10. Witness 2 statement

***SU Use only***

*Insurance company notified: Yes/No*

*Date:*

*Signed:*

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