**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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