



Student Health & Wellness Office

Phone (530) 242-7580 / Fax (530) 225-4968

Email: studenthealth@shastacollege.edu

STUDENT INCIDENT REPORT (injury or emergency illness) – For Interoffice Use Only

District employee, **NOT STUDENT**, to complete and return to Student Health & Wellness Office

Last Name: _____ First Name: _____ MI: _____

Address: _____ City: _____ State: _____ Zip: _____

D.O.B. ____/____/____ Student ID #: _____ Home Phone: _____

Cell Phone: _____ Email Address : _____

Is injured: ☐ Student ☐ Student Employee ☐ Student Athlete ☐ Visitor ☐ Child at Children's Center

EXPLAIN THE INCIDENT:

Title of Class or Event : _____ Name of Faculty/Employee: _____

Day: (circle one) M T W Th F S S Date: _____ (mm/dd/yyyy) Time: _____ AM / PM

Did incident occur during a supervised activity? ☐ Yes ☐ No

Where: _____

(be specific: building number, room number, etc)

Describe body part injured: _____

Describe what happened: _____

Witness to accident: _____ Contact Phone #: _____

First Aid Given?: ☐ Yes ☐ No Explain (where, when & by whom): _____

Type of health insurance: _____

Supervising Staff: Explain what you think are causes contributing to the incident as well as changes that could be made to prevent recurrence: _____

Do you have any other information that you think might be helpful for our claims administrator in reviewing the incident? Notes: _____

Did incident occur during a non-traditional sports session? ☐ Yes ☐ No Which Sport? _____

Shasta College Employee Signature: _____ Date _____

Box below to be completed by Athletics Division Only:

Did incident happen during intercollegiate sport? ☐ Yes ☐ No **If yes, please complete the following items:**

Position Played: _____ ☐ Practice ☐ Competition

I certify that the above injury was sustained while participating in official activities under adequate organizational supervision on ____/____/____ (mm/dd/yyyy).

Below for Student Health & Wellness Office Use Only:

At this time has an Accident Claim Been Filed? ☐ Yes ☐ No Date entered in Accident Database: ____/____/____

Notes: _____ Date Sent to VPAS: _____