Smith College
Student Accident Reporting Form

The College’s Safety Committee asks all students who are injured on campus or during College-related activities to complete this questionnaire. Part-time students, students in summer or special programs, graduate students and students from other colleges who are taking courses, conducting research, or participating in a Smith College activity should also complete this form. NOTE: Students injured while working as an employee of Smith College should contact their supervisor and complete the “Report of Job-Related Accident” form.

This information will be used to assess accident prevention programs at Smith. When you have completed the upper section of the form, please give it to the health care provider or faculty member for their comments. This form should be completed within 24 hours after the accident—it is most helpful when received then-- but will be accepted after that time.

Name: ____________________________ Class: _____ Age: _____ Sex: ______
ID #: ___________________________ Cellphone# / Email: ____________________________
Date of Injury: ________________ Time: ______ AM PM (Circle one)
Supervisor or Instructor: ____________________________
Location (Building, room number if applicable): ____________________________
What activity were you engaged in ________________________________________

Describe how the accident occurred _________________________________________
________________________________________________________________________
________________________________________________________________________

Nature and extent of the injury _____________________________________________

Where was treatment received: ___ Health Services ___ Cooley Dickinson ___ Other
How did you get there? ___ Public Safety ___ Walked ___ Other
Do you have any suggestions to prevent similar accidents: ______________________

Student Signature __________________________ Date ____________________________

Faculty/Care Provider comments and suggestions for preventing recurrence of this accident
________________________________________________________________________
________________________________________________________________________

Signature __________________________ Name(print) __________________________ Date ________________

Disposition (Action Taken): __________________________ Date __________________________

Return to: Margaret Rakas, Clark Science Center mrakas@email.smith.edu