

(A6) -STUDENT INJURY/ACCIDENT REPORT

All injuries must be reported to DCDER immediately

Please complete this form, place in envelope and seal. Please give it to the Sr. Dispatcher before you leave.

INJURED PARTY:	DOB:
FIRE DEPT./AGENCY:	FD ID#:
STUDENT ID.#: NY	DATE OF INJURY:
	TIME OF INJURY: : am / pm
LOCATION:	
COURSE NAME:	
COURSE No.:	
LESSON:	UNIT NO.:
NATURE OF INJURY:	
DESCRIPTION OF HOW THE INJURY OCCURRED:	
WAS PROTECTIVE EQUIPMENT RELATED TO THE INJURY: YES [] NO []	
IF YES, GIVE DETAILS:	
WAS TREATMENT PROVIDED ON SCENE: YES [] NO []	
NAME OF PROVIDER:	
DESCRIBE TREATMENT:	
WAS INJURED PARTY TRANSPORTED TO HOSPITAL: YES [] NO []	
NAME OF HOSPITAL:	
TRANSPORTED BY:	
[] CHECK HERE IF NARRATIVE IS PROVIDED ON ADDITIONAL SHEETS. TOTAL INCLUDING THIS SHEET _____	
--- REPORT COMPLETED BY ---	
INSTRUCTORS NAME	INSTRUCTORS ID #
CONTACT NUMBER	E-MAIL ADDRESS
SIGNATURE:	DATE: