

# UNIVERSITY OF SALFORD STUDENTS' UNION

## Accident Report

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### ABOUT THE PERSON WHO HAD THE ACCIDENT

Name:	Activity Group:
Date of Accident:	Time of Accident:
Term Time Address:	Location of Accident:
What are the injuries?	Where on the body is the injury located?
Any loss of consciousness? If so for what length?	

### ABOUT THE ACCIDENT

How did the injury occur? <i>Please give as much detail as possible.</i>
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### FIRST AID TREATMENT

List any treatment given, including any first aid equipment used:	
Ambulance called?	Taken to Hospital?
Rescue Team called?	Advised to see a Doctor?

**DETAILS OF PERSON FILLING IN REPORT**

Name:	Position:
Address:	Contact Number

Signed (Casualty, if possible):	Name:	Date:
Signed (person completing report):	Name:	Date: