Nursing Student Incident Report

Date/time of incident ______________________________________

Student name ____________________________________________

Course number and title in which incident occurred ____________________________________________

Exact location of incident ________________________________________________________________

Nature of incident __________________________________________________________________________

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Action taken and by whom __________________________________________________________________________

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Medical attention given, if needed _______________________________________________________________________

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Signature of person making report _______________________________________________________________________

Date submitted __________________________________________

NOTE: Course coordinator to keep one copy and send one copy to associate dean for program in which student is enrolled (to be placed in student’s file in 315 CON Student Services).

Approved by Coordinating Council 1/10/11