



Mary I Students' Union Club/Society Accident Report Form

Name:	Date of Incident:
Club/Society:	Student Number:
Phone Number:	
Place/Event of Incident/Accident:	
Nature of injury:	
Part of body injured:	
Details of the accident/incident:	
What action was taken:	
First aid given by:	
Details of any further treatment/hospitalisation:	
Name and contact of any witness(es):	
Name & Signature of Form Submitter:	
Date:	

OFFICE USE ONLY	
Insurance Company Notified? Yes/No:	
Signed:	Date:
Is claimant a MISU Clubs & Socs Member? Yes/No:	Date of Membership: