

Report Form for Incident, Accident, or Injury/Illness on Field Trip
Geology/Geological Engineering Department
Colorado School of Mines

Student's Name: _____ Date: _____

Date of Incident: _____ Location of Incident: _____

What happened? (include symptoms):

What treatment(s) were given:

Taken to hospital/clinic? (Circle one.) YES NO

If YES, Where:

Relevant medical history, allergies & medications:

Person filling out report: _____