

Student Accident Report

Georgia State University

Student involved in accident:

Name _____ Social Security No. _____

Address _____ Telephone No. _____

City _____ State _____ Zip _____

Sponsored University
Activity _____

Was the student performing one of the following: (check one)

- recreation job duties (ie student asst or graduate assistant) in class
 Other If other, please explain _____

Date and Time of
Accident _____

Full Description of the Injury and
Accident _____

Witnesses:

Name:

Address:

Telep

Immediate aid and assistance given by the activity leader or his or her designated representative at t

Please specify what type of aid and assistance were given _____

Activity Leader, Attending Nurse
or Classroom Instructor

Date

Department

Telephon