



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 _____

Action taken and by whom _____

Medical attention given, if needed _____

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