



Department of Music Student Injury Report Form

Today's Date: _____

Student Name _____ PLU ID#: _____

Date of Accident: _____ Time: _____ Location: _____

Type of injury: _____

Date reported: _____ Time: _____ Reported to: Campus Safety

Description of accident (Include activities just prior to accident):

Treatment: First aid Sent home Emergency room
 Sent to physician (name): _____
 Admitted to hospital (name): _____

Signature: _____ Date: _____

Send copies to: Sue Liden, Risk Management (FIOP), and Campus Safety