

**North Idaho College  
Associate's Degree Nursing Program  
Incident/Injury Report  
Student**

**Please complete and route to the Lead Instructor within 24 hours of incident/injury.**

Student Name: \_\_\_\_\_

Name of Student's Clinical Instructor \_\_\_\_\_

Date of incident/injury \_\_\_\_\_ Time \_\_\_\_\_ Date/Time Reported \_\_\_\_\_

Specific body part(s) involved/injured \_\_\_\_\_

How did this incident/injury occur?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was first aid provided?  Yes  No If yes, Date \_\_\_\_\_ Time \_\_\_\_\_ AM / PM

If yes, describe \_\_\_\_\_

Was medical treatment provided?  Yes  No If yes, Date \_\_\_\_\_ Time \_\_\_\_\_ AM / PM

If yes, name of medical provider \_\_\_\_\_

Was another student/instructor/preceptor involved?  Yes  No If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Please list the names of any witnesses: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date of Report

\_\_\_\_\_  
Instructor/Preceptor Signature

\_\_\_\_\_  
Date

Original – Health Professions and Nursing Office

Copy – Student