



Kentucky Christian University
Yancey School of Nursing
nursing@kcu.edu

Student Injury and Incident Report

Date of Incident _____ Time of Incident _____

Semester _____

Course _____

Student's account of Incident. Please use a separate sheet of paper if needed _____

Signature of Student _____

Date of Report _____

Comments by Clinical Instructor or Preceptor _____

Signature and Title _____

Agency Name _____

Agency Address _____

Agency Phone (_____) _____

Date of Report _____