



Injury Report Date

Internal Babson Summer Programs Document

**A separate form must be filled out for each injured individual
and submitted to Jim Castrataro at castrataro@babson.edu**

Program Information

Name of Program

Name of Person Completing the Form

Phone Number of Program Contact

E-Mail Address

Program Start Date and End Date

Injured Party Information

Name

Street Address

City

State

Zip

Age of injured individual

Date of Birth

Injury Information

Number of individuals who were injured

Participant

Staff Person

Volunteer

Where did the incident occur?

On Campus

Off Campus

Please specify the type of facility where the incident occurred?

Athletic or recreational facility

Residence Hall

Motor Vehicle

Pool

Other, please specify

What was the incident outcome?

Injury

Illness



Type of Injury?

What body part(s) were injured?

Was the individual treated? Where and by whom?

Was the individual sent home as a result of the injury?

Explain in detail how the incident occurred (e.g. the type of activity the individual was engaged in, initial symptoms etc.) and describe the nature of the injury or illness. **Do not include names or other personal identifying information regarding the individual.**