**Lifelong Learning Institute**

at

**Waubonsee Community College**

**Trip Accident / Health Incident Report Form**

|  |  |
| --- | --- |
| Name of trip |  |
| Location |  |
| Date |  |
| Time |  |
| Name(s) of person(s) involved  (Who was hurt?  Were there witnesses?) |  |
| Detailed description of incident  (Attach additional sheets if necessary) |  |
| Emergency contact notified? | ☐ Yes ☐ No |
| Was 911 called? | ☐ Yes ☐ No |
| How was the incident handled? |  |
| Taken to hospital | ☐ Yes ☐ No |
| Name of hospital |  |
| Address |  |
| How transported |  |
| Accompanied by |  |
| Attending physician |  |
| Additional information |  |
| Follow up |  |
| Motor coach company |  |
| Driver |  |
| LLI Trip Manager |  |
| Phone |  |

Complete within 24 hours or as soon as possible.

Send a copy to the motor coach company within 48 hours or as soon as possible.



Collins Hall, Room 174 | Route 47 at Waubonsee Drive | Sugar Grove, IL 60554 | (630) 466-2593 | [www.waubonsee.edu.lli](http://www.waubonsee.edu.lli/)