STUDENT

- Ensure they receive medical attention
- Call **911** to summons Rural Metro or UT Police at **974-3114** if the accident is serious. An ambulance will be dispatched to transport the injured student to a hospital
- For non-serious injuries or illness the student can be treated at or by:
 - a. Student Health Mon.-Fri., 8AM and 4:30PM except Wed., which is 9AM to 4:30PM.
 - b. UT Medical Center Emergency Room.
 - c. Their medical provider.

The injured/ill student may be transported by self, acquaintance, or ambulance.

A <u>Report of Occurrence form</u> should be completed and submitted to the Risk Management Office (865-974-5409) form can be found at http://riskmanagement.tennessee.edu

Information on Student Health Insurance can be found by contacting Student Health at **865-974-3135** or the website: http://studenthealth.utk.edu/insrec studentinsurance.php



Not to be used for healthcare incidents, automobile accidents, or worker's compensation claim reporting

Entered	
PF	
CF	
Space Re	eserved for Risk Mamt.

			(4)			
	(Campus or Facility)		(Date of Occurrence)	(Time of	Occurrence)	(Date of Report)
ļ			Type of Occurrence You must select at least one below:			
\vdash	Exact Location of (Occurrence	Injury		Property	Securit
			- 	Condition	Other (Expla	ain)
	Description of Occurre	ence (Use Separa	te Page if Necessary)			
	Persons Injured:					
Π,	(Name)	Relationship	(Street Address, City, State, 2	Zip) (Teleph	ione)	(Email Address)
		- -				<u> </u>
•	Medical Treatment Re Property Damaged (D		No Yes Whe	ere		
						<u> </u>
ľ	Occurrence Reported t	o: 🔲 u	Campus Police	Local Police	Other	
G	Other Comments:					
n						
ING T	HIS FORM IS FOR INFORI	MATIONAL PURPOS	SES ONLY AND DOES NOT ME	AN A CLAIM HA	AS BEEN FILED, TO	FILE A CLAIM, CONTACT
	Τ F	IE UT OFFICE OF R	RISK MANAGEMENT AT 865-97	4-5409. THANK`	YOU.	*
erson M	aking Report	Α	ddress	Telephone	Email /	Address

^{*}Occurrence: The event or condition that could or did cause injury or property damage.