

York Technical College
Field Trip Report Form for Accident, Injury or Illness

Participant's Name: _____ Date: _____

Describe what happened. (Including symptoms): _____

What treatment(s) were given? _____

Was the participant taken to hospital/clinic? YES NO

If yes, where? _____

Briefly describe the participant's relevant medical history, allergies, & medications:

York Technical College strongly advises that all field trip participants who become ill or injured while on a college-sponsored off-campus activity should see a healthcare professional for follow up evaluation and/or care.

I acknowledge that I have been advised to follow up with a healthcare professional.

Participant's Signature _____

My signature below certifies that I have made every reasonable effort to submit this report accurately and completely. Further, I have advised the field trip participant named in this report to follow up with a healthcare professional.

Field Trip Coordinator's Signature

Date

Form Submission: *In the event of an emergency, the Field Trip Coordinator should follow the Emergency Procedure as outlined in Section VII, B in the Field Trip Procedures. In addition, this completed form should be submitted to the Associate Vice President for Academic and Student Affairs upon return from the field trip.*