

CONFIDENTIAL

### STUDENT INCIDENT REPORTING FORM FOR CLINICAL PLACEMENTS

Students are advised to report all non-routine incidents.

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Course Name: \_\_\_\_\_ Placement Location: \_\_\_\_\_

People present when incident occurred (Please do not refer to client or child by name – i.e. use “Birthing Parent” or “Baby”):

\_\_\_\_\_

Midwife or Physician responsible for care: \_\_\_\_\_

Location (e.g. Hospital or Birthing Parent’s home): \_\_\_\_\_

Date of incident: \_\_\_\_\_

Brief factual description of incident. Please provide facts only, without reference to your opinions or conclusions, if any. (Please do not refer to client or child by name – i.e. use “Birthing Parent” or “Baby”):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Send this report without undue delay to:

Mindy Harris, Program Manager  
Midwifery Education Program  
Ryerson University  
350 Victoria St.  
Toronto, ON M5B 2K3  
Fax: 416-979-5271  
mindy.harris@ryerson.ca