



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:

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