



School Year _____ **ACCIDENT / INCIDENT REPORT**

Student Name _____

Date of Birth _____ Grade _____ Grad Year _____

School _____ Teacher/HR _____

PARENT / GUARDIAN CONTACT INFORMATION:

Phone Number _____ H/C/W Name/Relationship _____

Time Notified _____ AM / PM Notified By: _____

Parent Not Available Name of Alternate: _____ Relationship: _____

Date of Accident: _____ **Time:** _____ **Date of Report:** _____

❖ **LOCATION:**

Where did the accident/incident occur: _____

Was accident directly witnessed? No ___ Yes ___ By Whom: _____

Was student directly supervised at the time? No ___ Yes ___ Supervisor's Name: _____

❖ **SPECIFICS:** (*Head injury requires [Head Injury Report Form](#)*)

Describe activity at the time of accident/incident: _____

Describe the cause, nature and extent of the injury, if appropriate: _____

If injured, what was the object or substance that directly injured the student: _____

❖ **ACTION:**

First Aid -what was done: _____

No First Aid Was Necessary

Rescue Squad Called No ___ Yes ___ By: _____ Transported To: _____

❖ Recommendations to prevent possible reoccurrence: _____

Signature of Person Completing Report: _____ Date _____

Signature of Building Principal: _____ Date _____

School Nurse: _____ Anna Lisiecki, BSN, RN

