



School Year _____ **STAFF ACCIDENT / INCIDENT REPORT**
*To be completed following an incident where injury occurs but immediate medical attention/care is **not** required.*

Staff Name _____

Date of Birth _____ Phone Number _____

School _____ Grade _____

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

❖ **LOCATION:**

Where did the accident/incident occur: _____

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

❖ **SPECIFICS:**

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: _____

Employee Signature: _____ Date _____

Signature of Supervisor: _____ Date _____

Signature of HR Director: _____ Dawn Rausch

School Nurse: _____ Anna Lisiecki, BSN, RN

