



School Accident/Incident Report

DATE OF ACCIDENT: _____ TIME OF ACCIDENT: _____

NAME OF INJURED: _____ PARENT'S NAME: _____

AGE: _____ SEX: _____ GRADE: _____ SCHOOL: _____

HOME ADDRESS: _____ PARENT'S WORK PHONE: _____

LOCATION OF ACCIDENT _____

DESCRIPTION OF ACCIDENT (DOCUMENT WITH PHOTOS OF ACCIDENT AREA):

PERSON IN CHARGE WHEN ACCIDENT OCCURRED: _____

IMMEDIATE ACTION TAKEN: First-aid Treatment Sent to School Nurse
 Taken Home Referred to Doctor Sent to Hospital By Whom: _____

NOTIFICATION: Parent Guardian Doctor Nurse Teacher Other _____

How Notified: _____ When: _____ By Whom: _____

DISPOSITION: Taken Home Taken to doctor's office Taken to hospital Other Taken Home

WITNESSES: Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

MISCELLANEOUS INFORMATION: (CONDITION OF PREMISES, EQUIPMENT, WEATHER, ETC.)

Person Submitting Report _____ Contact Phone No. _____

Signed by Principal/Nurse _____ Contact Phone No. _____