Accident/Incident Report

Use this form to report accidents, injuries, medical situations, or student behavior incidents.

Please complete report within 24 hours of the event.

MONTANA SCHOOLS PROPERTY & LIABILITY INSURANCE PLAN

PERSON INVOLVED		
Name:	Age:	Sex:
Address:	Phone Number:	
Parent/Guardian Name:	Phone Number:	

INCIDENT	
Date of Accident:	Time of Accident:
Location of Accident:	
Description of Incident (Document with Photos of Accident Area):	

INJURIES

Was anyone injured? ☐ Yes ☐ No If **yes**, please describe the injuries:

Immediate Action Taken:

☐ First-Aid Treatment ☐ Taken Home ☐ Referred to Doctor
☐ Sent to School Nurse ☐ Paramedics Called ☐ Transported to Hospital

POLICE/MEDICAL SERVICES

Were the police notified? ☐ Yes ☐ No Report number if applicable:

Was medical treatment provided? ☐ Yes ☐ No ☐ Refused

WITNESSES

Were there any witnesses to the incident? ☐ Yes ☐ No If yes, please provide witness contact information.

Witness Name:	Phone Number:

MISCELLANEOUS INFORMATION

Miscellaneous Information (Condition Of Premises, Equipment, Weather, Etc.):

PERSON FILING REPORT	
Print Name:	Phone Number:
Signature:	Date: