Schools

Incident/Accident Report

Individual: Student___ Visitor___

Date & Place of Accident

⇒ School or Department: _____ Date: _____

⇒ Specific Location:_____Time:_____ Reporting Employee:_____

Injured Person

⇒ Name:_____Grade:_____Age:_____Sex:_____

⇒ Address:_____

⇒ Parent/Legal Guardian Name(s):_____

⇒ Phone Number(s):_____

Describe fully how accident happened (include persons involved, cause of incident and staff response).

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[                                                                        ]
[                                                                        ]
[                                                                        ]
[                                                                        ]
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Attended by: _____ Officials called on scene: Police___EMS___Fire___N/A___

Was the equipment and/or environment unsafe? YES___NO___ If yes, please explain.

Notification

⇒ Was parent/guardian notified? YES___NO___ If NO, why?_____

⇒ Name of parent/guardian notified_____Time of notification:_____

⇒ Name of staff member who notified parent_____

Witnesses

Name	Address	Phone #

Signature of Principal/Dept. Mgr:_____**Date:**_____