

# INCIDENT REPORT FORM

COPIES TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A REPORTABLE INCIDENT IS AN INCIDENT OCCURRING WHILE THE STUDENT IS UNDER THE JURISDICTION OF THE SCHOOL, RESULTING IN PROPERTY DAMAGE OR PERSONAL INJURY THAT DOES OR DOES NOT REQUIRE FIRST AID OR PROFESSIONAL MEDICAL TREATMENT.

SCHOOL NAME:		DATE REPORTED:		
STUDENT'S NAME:		GRADE:	AGE:	SEX:
ADDRESS:	CITY:	STATE:	ZIP CODE:	
PARENT'S NAME:		HOME PHONE:	BUSINESS PHONE:	
DATE OF INCIDENT:	TIME:	DAY OF WEEK:		
WHERE DID INCIDENT HAPPEN?	WHO WAS SUPERVISING?			

How Did Incident Happen?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of Injury, Extent, and Part of Body Involved: \_\_\_\_\_  
\_\_\_\_\_

Procedure Followed or First Aid Administered: \_\_\_\_\_  
\_\_\_\_\_

Description of Equipment or Property Damage: \_\_\_\_\_  
\_\_\_\_\_

Who Administered First Aid? (Name and Title)

Were Others Involved?  Yes  No State Names:

State What Equipment, Tool, Object, or Condition Caused Incident:

What Action Is Being Taken to Prevent Reoccurrence? (If Applicable)

Name(s) of Witnesses:

Were Parents or Others Notified?  Yes  No Name of Person Notified:

Was School Insurance Form Requested?  Yes  No Date Sent:

\_\_\_\_\_  
SIGNATURE OF PERSON COMPLETING FORM

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
SIGNATURE OF PRINCIPAL

\_\_\_\_\_  
DATE