

Incident Report

This report is for the confidential use of attorneys for the school district and its employees in defending litigation.

TO BE COMPLETED IMMEDIATELY!

The school employee who either witnesses the student injury or is supervising the student at the time of injury should complete this form, if possible. The report should be submitted immediately to the principal's office. Should other pertinent facts develop, notify the principal's office by means of a supplemental report.

School District:		School:	
School Address:		Phone No:	
		Contact:	
Name of Person Injured:		Phone No.:	
Mailing Address:		Age:	Grade:
		Guardian:	
Where did Accident Occur?		Date:	Time:
How did Accident Occur?			
Nature of Injury:		First Aid Applied:	
		By Whom:	
Disposition of Injured (return to class, home, doctor, hospital):		Does Injured Person have School Accident Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Witnesses Present at Time of Accident:			
Name	Address	Phone Number	
Have parents contacted school? If yes, explain in comments. <input type="checkbox"/> Yes <input type="checkbox"/> No	Were parents contacted by school? If yes, explain in comments. <input type="checkbox"/> Yes <input type="checkbox"/> No	Were parents or student told they would be contacted again? If yes, explain in comments. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments:			
Follow-Up:			
Report Submitted by:	Position:	Date:	Principal or Designate: Date: