



# SCHOOL INCIDENT REPORT

(To be filled in for the school office and a copy to be sent to the Office of Education)

Directions – Include factual information only

Parent Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Parent Phone: \_\_\_\_\_

Student Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Male \_\_\_ Female \_\_\_

School Name: \_\_\_\_\_

Teacher: \_\_\_\_\_ Activity Supervisor: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of day: \_\_\_\_\_ AM \_\_\_\_\_ PM

Is incident/injury related to a school function? \_\_\_\_\_ (Yes or No)

Place of incident/injury: \_\_\_\_\_

Description of incident/injury and indicate the part of the body affected: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did student return to school \_\_\_\_\_ (Yes or No) if yes, when: \_\_\_\_\_

If student did not return to school, indicate last day in school \_\_\_\_\_

Was EMS/Ambulance called? \_\_\_\_\_ (Yes or No)

Was Student treated? \_\_\_\_\_ (Yes or No) When? \_\_\_\_\_ Where? \_\_\_\_\_

Name and address of Physician \_\_\_\_\_

If hospitalized, name and address of hospital \_\_\_\_\_

Parent Contacted? \_\_\_\_\_ (Yes or No) When? \_\_\_\_\_ How? \_\_\_\_\_

Name and contact of Witness \_\_\_\_\_

Name and contact of additional Witness \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Signatures: \_\_\_\_\_

Teacher/Supervisor

\_\_\_\_\_

Nurse/First Aid Person

Date form completed \_\_\_\_\_

Updated 7/27/2021