

ACCIDENT / INCIDENT REPORT FORM (Schools Only)

Staff Member's Report:

Date:

Name of Child:

GR/RM:

Parent or Guardian:

Time of Incident:

Address:

Phone:

Place:

Time:

Teacher In Charge:

Your Version of the Accident:

Witnesses:

Name:

Address:

Phone:

What was done with the student?

Signature of Principal

Nurse or Administrative staff members Report:

Nature of Injury:

Aid Rendered:

Parents Notified:

By Whom:

Time:

Taken to Dr _____

By Whom:

Time:

Nurse's or Administrative Signature