

ACCIDENT / INCIDENT REPORT FORM (Schools Only)

Staff Member Name

Date

Name of Child

GR/RM

Parent or Guardian

Time of Incident

Address

Phone

Place

Teacher In Charge

Your Version of the Accident

Name	Witnesses Address	Phone
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What was done with the student?

Signature of Principal

Nurse or Administrator Report

Nature of Injury

Aid Rendered

Parents Notified

Yes No

By Whom:

Time:

Taken to Dr

Yes No

By Whom:

Time:

Nurse or Administrator Signature
