



Mt Vernon Community School Corporation

STUDENT / VISITOR

INCIDENT / SERIOUS ILLNESS REPORT

If a student under your supervision or a visitor attending a class or event under your direction experiences an incident or an unexpected, serious illness, please complete this incident/illness report to the best of your knowledge and submit it to the Health Room Assistant as soon as possible, but no later than 24 hours after event.

1. Check One: () Student () Visitor
2. School/ Facility Name: _____ Date of Accident: _____ Time of Accident: _____ AM/PM
3. Name of Student/Visitor: _____ Age _____
4. Parents called? Yes No If Yes, by whom? _____ If No, explain: _____
5. Home Address: _____
Home Phone: _____ Work Phone: _____ Other Phone: _____
6. Location Where Incident Occurred Cafeteria Classroom Field trip Gym Hallway Library
 Mail Office Outside Bldg Parking lot Playground Sports field Stairwell
 Other: _____
7. First Aid Given? _____ By Whom? _____ Describe Treatment: _____

8. Was 911 called? Yes No If "Yes" By Whom? _____ Time called: _____ AM/PM
9. Was person taken to: Home Hospital Primary Care Doctor
10. What was injured doing at time of accident? _____
Teacher or Supervising Adult Present? Yes No Name of adult(s) who witnessed incident: _____
Type of event injured person was attending if applicable: _____
Name other persons that witnessed incident: _____
11. Describe incident in detail: _____

12. What was the cause of the accident? _____
13. Nature of injury (strain, fracture, laceration, burn, etc.): _____
14. Part of body (Back, finger, hand, foot, etc.): _____
15. Name of person completing this form: _____ Date: _____
16. Site Administrator's Signature: _____ Date: _____