



ACCIDENT/INCIDENT REPORT FORM

Use this form to report each accident/incident involving students of Mustang Public Schools. **Copies of this completed form should be sent to the Assistant Superintendent of Operations office and a copy should be on file at each site.** Minor accidents such as scratches, bruises, etc., need not necessarily be reported.

This form is to be filled out by the School Personnel who witnessed the accident or who first responded at the time of the accident. All sections must be completed prior to sending to Superintendent's office.

STUDENT NAME: _____ ACCIDENT DATE: _____

ADDRESS: _____ AGE: _____

PHONE: _____ TIME: _____ SCHOOL SITE: _____

GRADE: _____ TEACHER: _____ PRINCIPAL: _____

LOCATION OF ACCIDENT/INCIDENT: _____

WITNESS OR 1ST RESPONDER TO ACCIDENT: _____

NATURE OF ACCIDENT/INCIDENT

- Abrasion
- Bruise/Bump
- Burn
- Cut
- Convulsion
- Dislocation
- Head Injury
- Fracture
- Laceration
- Puncture
- Shock
- Sprain
- Other: _____

PART OF BODY INJURED

- Abdomen
- Ankle
- Arm
- Back
- Chest
- Head
- Eye
- Face
- Finger
- Foot
- Hand
- Knee
- Leg
- Teeth
- Wrist
- Elbow
- Other: _____

HOW DID IT HAPPEN? _____

PERSON NOTIFIED: MOTHER FATHER OTHER _____

REFERRED TO THE OFFICE: YES NO SENT TO HOSPITAL: YES NO

RELEASED TO PARENTS: YES NO DATE: _____ TIME: _____

NOTES: _____

SIGNATURE OF WITNESS/1ST RESPONDER: _____ DATE: _____

SIGNATURE OF PRINCIPAL: _____ DATE: _____

FOLLOW-UP: _____

ASSISTANT SUPERINTENDENT: _____ DATE: _____