

**Red Hook Central School District**  
Red Hook, New York

Mill Road School (K-2)   
Mill Road School (3-5)   
Linden Ave School (6-8)   
High School (9-12)

**\*\*\*Accident/Incident Report\*\*\***

Name \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_

Date of Accident/Incident \_\_\_\_\_ Time \_\_\_\_\_

Specific Location \_\_\_\_\_

Where Occurred \_\_\_\_\_

Class or Activity \_\_\_\_\_

Describe briefly how Accident/Incident happened: \_\_\_\_\_

\_\_\_\_\_

Witness(es): \_\_\_\_\_ Person in Charge: \_\_\_\_\_

Were Parents Notified?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Time: _____
Taken to Nurse/Teacher?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Time: _____
First Aid Given?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

If yes please describe: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Was medical care provided? \_\_\_\_\_ If so, when: \_\_\_\_\_

Name and Address of Physician \_\_\_\_\_

Name and Address of Hospital \_\_\_\_\_

Has student returned to school? Yes  No  If so, when: \_\_\_\_\_

X \_\_\_\_\_ X \_\_\_\_\_  
Print name of person making report Signature of person making report

Insurance information/claim form given to parent or student: \_\_\_\_\_

\_\_\_\_\_  
Reviewed by