

IONIA PUBLIC SCHOOLS
INCIDENT/ACCIDENT REPORT

5340 FI

This report is to be filled out at once by the person responsible for the injured at the time of any and all accidents during any school activity

Building Name: _____ Is the Injured: Student Visitor Volunteer

Date of Accident/Incident: _____ Time: _____ A.M. P.M.

Full Name of Injured: _____ Grade: _____

Date of Birth: _____ Parent Name: _____

Address of Injured/Parent (Including City & Zip Code): _____

Home/Cell Phone of Injured/Parent: _____ Work Phone of Injured/Parent: _____

Location of Accident: School Building School Grounds School Bus To/From School
 Other, please describe: _____

Place of Accident: Classroom Gym Shop Hallway/Stairway Playground Parking Lot
 Sporting Event/Practice Other, please describe: _____

Describe Incident/Accident Activity: _____

Witness Name: _____ Phone Number: _____

Nature of Injury: _____

Was medical treatment sought: YES NO Where? _____

If hospital, was ambulance called? YES NO Ambulance Company? _____

Additional remarks: _____

Parent/Guardian Notified: YES NO If YES, when: _____

If NO, Explain: _____

Report Prepared By: _____ Title: _____

Phone Number: _____ Date: _____