Appling County Schools
Student Accident/Incident Report
(Revised May 2024)

Staff members are to use this form to report all accidents, injuries, or other significant incidents that occur during the school day or during the school-sponsored event. If more than one person is involved in the incident, please compete a form for each person.

Full Name of Student Involved in Incident: _____

Date of Birth: _____ Indicate: ☐ Male ☐ Female

Date of Incident: _____ Time of Incident: _____

Location Where Incident Occurred: _____

Specifically describe the circumstance of the incident:

_____

_____

_____

_____

Did an injury occur as a result of this incident? ☐ No ☐ Yes If "yes", specifically describe the nature of the injury and what medical attention was required.

_____

_____

_____

_____

Nurse Signature: _____ Date: _____

Name of Parent contacted: _____ Time: _____

Check the correct Box:

☐ The student was NOT able to remain in school, class, or the activity.
☐ The student WAS able to remain in school, class, or the activity.

Name and position of individual who witnessed or reported the incident:

_____ Did this individual witness the incident? (Yes or No)____
Name/Position

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Name/Position

Administrator signs off on the final report and secures written statements from witnesses. The Administrator retains the final report/ file in a secured location in the school office as Student-Confidential Information.
(A copy of the final report should not be submitted to the Central Office or to the School Clinic/Nurse.)

_____
Administrator Signature Date