Charleston County SCHOOL DISTRICT
excellence is our standard

ACCIDENT / INCIDENT REPORT

THIS PORTION OF THE FORM TO BE COMPLETED BY INDIVIDUAL WHO WITNESSED OR WAS MADE AWARE OF THE INCIDENT		
Name of injured:	☐ Male	DOB:
School or Office:	☐ Female	Age:

Incident Date:	**INDICATE STATUS OF INJURED PARTY:** ☐ Student ☐ Employee ☐ Visitor ☐ Other:
Incident Time:	**COMPLETE THIS SECTION FOR EMPLOYEES ONLY:** Employee's Position:
Report Date:	Potential Exposure to Blood (Employee): ☐ **Yes** ☐ **No**

PART OF BODY INJURED					
Nature of Incident		**Indicate Side**			
		Left / Right	**Left / Right**		
☐ Abrasion	☐ Dislocation	☐ ☐ Ankle	☐ ☐ Foot	☐ Face	☐ Lip
☐ Bite	☐ Fracture	☐ ☐ Arm	☐ ☐ Hand	☐ Back	☐ Neck
☐ Burn	☐ Laceration	☐ ☐ Ear	☐ ☐ Knee	☐ Chest	☐ Nose
☐ Bruise	☐ Puncture	☐ ☐ Elbow	☐ ☐ Leg	☐ Chin	☐ Ribs
☐ Contusion	☐ Sprain	☐ ☐ Eye	☐ ☐ Shoulder	☐ Head	☐ Abdomen
☐ Dental	☐ Other:	☐ ☐ Finger	☐ ☐ Wrist	☐ Hip	☐ Other

LOCATION OF INCIDENT		
☐ Bus	☐ Media Center	☐ Stairs
☐ Cafeteria	☐ PE Class	☐ Bridge View
☐ Classroom	☐ Parking Lot	☐ Calhoun
☐ Courtyard	☐ Playground	☐ Other
☐ Front Office	☐ Rest Room	

Describe the Incident and/or Injury:
Name of the individual who witnessed or was made aware of the incident:

THIS PORTION OF FORM TO BE COMPLETED AND SIGNED BY INDIVIDUAL WHO RENDERED ASSISTANCE / FIRST AID
Describe First Aid Given:

Who was notified	Parent / Guardian Name:	Other:	
Injured Taken	☐ Back to Class by:		Time:
	☐ Home ☐ MD ☐ Dentist ☐ Hospital ☐ Other		Time:
Injured Transported By	Name:	☐ Parent / Guardian ☐ EMS ☐ Spouse ☐ Other	

Signature of Individual Rendering Assistance / First Aid	**Signature of Principal or Supervisor**

Updated: October 30, 2024
Email:
Tammy_Harrison@Charleston.k12.sc.us
Fax: 843-937-6585