CLAYTON COUNTY PUBLIC SCHOOLS
INCIDENT / ACCIDENT REPORT

Name of School: _____
Name of Student or Party: _____
Grade: _____ Student ID#: _____ Age: _____ Gender: Male or Female
Date of Incident: _____ Time of Incident: _____ AM or PM
Location of Incident: _____
Person supervising at time of incident: _____
Describe circumstances of the incident (include kind of injury if appropriate): _____
_____
_____
_____
_____
_____
_____

(Attach any additional information)

Names of others involved in the incident / accident: _____
_____
_____
Describe actions taken: _____
_____
_____
_____
_____

Persons notified of incident / accident (Name, Date, and Time Notified):

____Supervisor: Name_____/ Date and time _____
____Principal: Name_____/ Date and time _____
____School Nurse: Name_____/ Date and time _____
____Parent: Name: _____/ Date and time _____
____Physician (if applicable): Name_____/ Date and time _____
Other (911, etc.): _____/ Date and time_____

Follow-up information (if applicable): _____
_____
_____
_____

_____ _____
Signature of Preparer Date of Report

Original: Principal- Retain at the school

Send Copies to: Level Area Assistant Superintendent
Parent
Risk Management Unit (Division of Equity & Compliance)

Revised E&C 11/2024