ACCIDENT/INCIDENT REPORT FORM

Use this form to report each accident/incident involving students of Mustang Public Schools. **Copies of this completed form should be sent to the Assistant Superintendent of Operations office and a copy should be on file at each site.** Minor accidents such as scratches, bruises, etc., need not necessarily be reported.

This form is to be filled out by the School Personnel who witnessed the accident or who first responded at the time of the accident. All sections must be completed prior to sending to Superintendent's office.

STUDENT NAME: _____**ACCIDENT DATE**: _____

ADDRESS: _____**AGE**: _____

PHONE: _____**TIME**: _____**SCHOOL SITE**: _____

GRADE: _____**TEACHER**: _____**PRINCIPAL**: _____

LOCATION OF ACCIDENT/INCIDENT: _____

WITNESS OR 1ST RESPONDER TO ACCIDENT: _____

NATURE OF ACCIDENT/INCIDENT

☐Abrasion ☐Head Injury
☐Bruise/Bump ☐Fracture
☐Burn ☐Laceration
☐Cut ☐Puncture
☐Convulsion ☐Shock
☐Dislocation ☐Sprain
Other:_____

PART OF BODY INJURED

☐Abdomen ☐Eye ☐Knee
☐Ankle ☐Face ☐Leg
☐Arm ☐Finger ☐Teeth
☐Back ☐Foot ☐Wrist
☐Chest ☐Hand ☐Elbow
☐Head
Other:_____

HOW DID IT HAPPEN? _____

_____

_____

PERSON NOTIFIED: ☐ MOTHER ☐FATHER ☐OTHER_____
REFERRED TO THE OFFICE: ☐YES ☐NO **SENT FOR MEDICAL REFERRAL**: ☐YES ☐NO
RELEASED TO PARENTS: ☐YES ☐NO DATE:_____TIME:_____
OFFICE VISIT NOTES:_____

_____

_____

SIGNATURE OF WITNESS/1ST RESPONDER:_____**DATE**:_____

SIGNATURE OF PRINCIPAL:_____**DATE**:_____

FOLLOW-UP:_____

_____

ASSISTANT SUPERINTENDENT:_____**DATE**:_____

REVISED 5-15-25 *IEP yes no*