STUDENT ACCIDENT/INCIDENT INVESTIGATION REPORT FORM

CLARKSDALE MUNICIPAL SCHOOL DISTRICT

SCHOOL: _____

ADDRESS OR LOCATION NO: _____

DATE AND TIME OF INCIDENT: _____ (Date) _____ (Time)

REPORT TO SUPERVISOR OR FIRST AID DELAYED: ☐ No ☐ Yes

IF "YES", WHY?: _____

INJURED STUDENT'S NAME: _____

PARENT OR GUARDIAN: _____

ADDRESS: _____

HOME TELEPHONE NUMBER: _____

NATURE/EXTENT OF INJURIES OR PROPERTY DAMAGE:

EXACT LOCATION WHERE ACCIDENT OCCURRED:

DESCRIPTION OF ACCIDENT (DETAIL WHAT STUDENT WAS DOING, AND WHAT PHYSICAL OBJECTS, TOOLS, MACHINES, STRUCTURE OR EQUIPMENT WERE INVOLVED:)

DETERMINE ACCIDENT CAUSES AND COMMENT FULLY HERE:

WHAT SHOULD BE DONE AND BY WHOM TO PREVENT RECURRENCE OF THIS TYPE OF ACCIDENT?

WHAT ACTION ARE YOU TAKING TO SEE THAT THIS IS DONE?

_____ Teacher's Signature & Name _____ Date Signed

_____ Principal's Signature & Name _____ Date Signed

PARENT NOTIFIED: ☐ No ☐ Yes