Revised – July, 2025

Student and/or Visitor Accident/Incident Report

Date of Report:_____
Check One: Accident _____ or Incident _____
Student:_____ or Visitor:_____

1.) School Name, Address, & Phone:_____

2.) Date & Time of Accident/Incident:_____

3.) Name of Injured Individual:_____ Sex:_____ Age:_____ Telephone No.: _____

4.) Address of Injured Individual:_____

5.) Name of Parent/Guardian (if student):_____

6.) Type of Injury:_____

7.) Name(s) of Adult Supervisor(s) on Scene (Teachers, Monitors, etc.):

Name:_____ Position:_____

Name:_____ Position:_____

8.) If pertinent, describe weather conditions, physical plant and/or ground conditions, lighting, etc.: _____

_____

9.) Machine, tool, or object which caused injury:_____

Was safety appliance or regulation provided? Yes_____ No_____ Was it in use at the time of accident/injury? Yes_____ No_____

10.) Person(s) involved (if NOT a student, indicate N/A for grade):

Name	Sex	Age	Grade	Address

11.) Comment(s) [include amount of damage done to property, if any]: _____

_____

12.) Witnesses (if NOT a student, indicate N/A for grade):

Name	Sex	Age	Grade	Address

13.) Action taken: _____Ambulance _____Police Called Arrival Time: _____ A.M. or P.M. Departure Time: _____ A.M. or P.M.

14.) Was First Aid given? _____yes _____no If so, by whom?_____

15.) Injured individual was taken to:_____ By Whom:_____

16.) Name of parent/guardian who was notified: _____Relationship:_____

Response of notified person (include comment or instruction given):_____

_____

_____

17.) Description of Accident/Incident [factual data, statements, teacher's opinion, conclusions, recommendations]:

_____

_____

_____

18.) Report completed by: _____ Position:_____

_____ _____

Principal / Department Head (Print Name) Signature

1.) This form is to be used for the following: (a.) all student accidents/incidents, (b.) all visitor accidents/incidents, (c.) any time the police is called to campus.
2.) This form is **to be completed IN FULL.**
3.) Original must be sent to: Human Resources, Workers' Compensation Department, 501 Manhattan Blvd., Suite 1200, Harvey, LA 70058.
4.) A copy is to remain at the school.
5.) Accident/Incident Reports must be submitted NO LATER THAN 3 (THREE) WORKING DAYS after the accident/incident.