Accident/Incident Report Follow-Up

Snohomish School District #201, Snohomish, WA 98290

Injured Party	Parent Name (If A Minor)	Is the Injured Party SSD Student ☐ Other
Accident/Incident Date	Date Reported	Time of Accident/Incident
Address	City	State Zip
Telephone Home: Work:	Sex ❒ Male ❒ Female	Date of Birth Age
Staff Member Completing the Original Accident Report		(If Student) School Grade

Please Document the Date, Time, Person Who Made the Follow-Up, Type of Follow-Up (I.E. Call, Email, Letter), Who Was Contacted and Results of The Follow-Up.

Signature of Individual Completing the Follow-Up Report	Location	Date
Signature of Location Administrator	Title	Date