

**STUDENT *and/or* VISITOR
INJURY/INCIDENT REPORT****SCHOOL YEAR**

***All STUDENT accidents/injuries that involve parent contact MUST have this report completed/submitted to Corporation Nurse & Central Office ON THE DAY OF THE INJURY.**

NAME OF SCHOOL		DATE OF INCIDENT		TIME	
NAME OF INJURED PERSON		AGE		GENDER	
HOME ADDRESS		GRADE			
CITY		PHONE NUMBER(s)			

DESCRIPTION OF ACCIDENT: How did it happen? What was the injured person doing? Teacher, supervisor, administrator responsible for the area? Who witnessed the accident? **BE SPECIFIC!** Use additional paper if needed.

ADULT WITNESS #1 Name, Address & Telephone #:	
ADULT WITNESS #2 Name, Address & Telephone #:	
SPECIFIC LOCATION (ex., football field, classroom, stairs, etc.):	
SPECIFIC TYPE OF INJURY (ex., abrasion, bite, burn, laceration):	
SPECIFIC BODY PART(s) AFFECTED (right forearm, left eye, ring finger, lower back, etc.):	

IMMEDIATE ACTION TAKEN

☐ First Aid (describe):			
Given By:			
☐ School Nurse called	Time of call:	<input type="text"/>	Made by:
☐ Parent/Guardian called	Time of call:	<input type="text"/>	Made by:
☐ Ambulance called	Time of call:	<input type="text"/>	Made by:
Injured person released to:	☐ Parent/Guardian	Parent/Guardian Name	
☐ Return to Class	☐ Emergency/Ambulance	Other/Describe	
Report Completed By:			
Date:			
Telephone:			
Notes:			
Principal Sign:			
Date:			
Superintendent:			
Date:			

Any other relevant information: