

ACCIDENT/INCIDENT REPORT FORM – student / non-employee adult/ employee non-workman’s comp

INDIVIDUAL(S) NAME(S) INVOLVED IN ACCIDENT/INCIDENT:				STUDENT OR ADULT:	
LOCATION OF INCIDENT:		DATE OF INCIDENT:		TIME OF INCIDENT:	

LOCATION OF ANY INJURY RESULTING FROM ACCIDENT				
HEAD			LEFT	RIGHT
FACE		SHOULDER		
NECK		ARM PIT		
UPPER BACK		UPPER ARM		
LOWER BACK		LOWER ARM		
CHEST		ELBOW		
ABDOMEN		WRIST		
PELVIS / GROIN		HAND		
LIPS		BUTTOCKS		
TEETH		HIP		
TONGUE		THIGH		
NOSE		LOWER LEG		
FINGERS		KNEE		
TOES		ANKLE		
OTHER:		EYES		
OTHER:		EARS		

INCIDENT INFORMATION	
DESCRIBE WHAT HAPPENED (use additional pages if necessary)	
POTENTIAL FACTORS LEADING TO INCIDENT	
ADDITIONAL PERTINENT INFORMATION	
WAS THE INDIVIDUAL(S) SEEN BY THE SCHOOL NURSE (if so, what treatment was administered?)	
WITNESS NAME AND CONTACT INFO	

VERIFICATION

SUPERVISOR NAME: _____ PERSON COMPLETING THIS REPORT: _____ DATE OF REPORT: _____

ADDITIONAL INFORMATION: _____

