



AVON GROVE SCHOOL DISTRICT

INCIDENT REPORT

Name _____ Grade _____ Time _____ Date _____

School _____ Sex _____

Parent/Guardian Name _____

Address _____

Any Witnesses? ☐^Y / ☐^N Name(s) _____ Position _____

Where did incident occur? _____

Description of what occurred _____

Supervisor at the time of incident _____

List all treatment/first aid administered - where and by whom?

Time parent/guardian notified _____ Time of pickup _____

Instructions given to parent/guardian _____

Was incident due to defective school property? ☐^Y / ☐^N If so, explain _____

Other comments/information _____

Follow up _____

Signature of supervisor of activity _____

Signature of school nurse _____

Signature of school official _____