

STUDENT ACCIDENT /INCIDENT REPORT

To be completed by staff member supervising activity and returned to Safety Officer

SCHOOL Allendale Highland Lincoln North Parkside
 Redwood Riverside South GPHS Gladiola

STUDENT NAME _____

AGE _____ GRADE _____ MALE FEMALE

DATE OF ACCIDENT/INCIDENT _____ TIME _____

LOCATION OF ACCIDENT/INCIDENT (i.e., playground, gym, classroom, cafeteria, hallway, etc)

ACTIVITY STUDENT ENGAGED IN AT TIME OF ACCIDENT and HOW THE ACCIDENT OCCURRED (i.e., Playing football and collided with another student; playing on swings – fell off; fighting – was struck in the face; football practice – tackling drill, etc.)

DESCRIBE INJURY (i.e., broken arm, laceration, concussion, etc.)

ACTION TAKEN BY TEACHER/SUPERVISOR

WITNESSES TO THE ACCIDENT/INCIDENT: Yes No (If yes, list names and note if student or adult

1. _____ Adult Student

2. _____ Adult Student

3. _____ Adult Student

TIME STUDENT DISMISSED _____ WERE PARENTS NOTIFIED Yes No

WAS STUDENT ATTENDED BY A PHYSICIAN: Yes No

STAFF MEMBER SUPERVISING ACTIVITY _____

PRINCIPALS SIGNATURE _____ DATE _____

DATE RECEIVED IN DISTRICT OFFICE _____

IMMEDIATELY SUBMIT TO DISTRICT OFFICE AFTER PRINCIPALS SIGNATURE. THANK YOU!