

\_\_\_\_\_ SCHOOL DISTRICT

**ACCIDENT/INCIDENT REPORT**

School: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Person Involved: (if more than one person, use reverse side of form)

Name	DOB	Gender	Grade	Teacher
Home Address		Parent/Guardian		

Description of the incident (i.e., nature of incident, school equipment or property involved, names of witnesses, medical care required, other relevant information. Use reverse side if more space needed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parties involved (health care, teacher, administrator, etc.): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Person making report: \_\_\_\_\_ (Printed Name) \_\_\_\_\_ (Signature)

Date of report: \_\_\_\_\_

Principal Signature: \_\_\_\_\_ (Date)