



Student Name: _____

Date & Time of Incident: _____

Type of incident:

- Injury
- Illness
- Emotional
- Other _____

Location:

- Classroom: _____
- Gym
- MPR
- Auditorium
- Hallway: _____
- Athletic Field: _____
- Parking Lot
- Fieldtrip: _____
- Other: _____

Teacher/ Adult Responsible: _____

Witness to Incident: _____

Description of Incident/Injury: _____

Immediate Action/Care Given: _____

EMS Called: Y / N Time : _____ By Whom: _____

Outcome: _____

Parent Notified: _____ By whom: _____

Report prepared by: _____ Report received by: _____

Insurance paperwork : _____

