

**DIOCESE OF SPOKANE
SCHOOL INCIDENT REPORT FORM**

School _____

Name of injured student _____

Student's age _____ Student's grade _____

Name of Parent(s)/Guardian _____

Address _____
Street/PO Box City State Zip

Telephone Home _____ Work _____

Time injury/accident occurred _____

Location where injury/accident occurred _____

Describe the injury/accident

Who reported the injury/accident? _____ Time? _____

Who witnessed the injury/accident? _____

Adult Supervisor's name(s) _____

Describe what was done and by whom

Were parent(s)/guardian notified? Yes No Time? _____

By Whom? _____

Were paramedics called? Yes No Time? _____

Was the student transported to the hospital/doctor? Yes No

Time? _____ By Whom? _____

Signed _____ Date _____

Title _____

Mailed to the Diocesan School Office on _____
(Date)