



School Incident Report Form

School: _____

Name of injured student: _____

Student's age: _____ Student's grade: _____ Time of injury/accident: _____

Name of parent(s)/guardian(s): _____

Address: _____
Street/PO Box *City & State* *Zip*

Telephone: _____
Home *Work* *Cell*

Location where injury/accident occurred: _____

Describe the injury/accident: _____

Who reported the injury/accident? _____ Time: _____

Who witnessed the injury/accident? _____ Adult supervisor's name: _____

Describe what was done and by whom: _____

Were parent(s)/guardian(s) notified? YES NO Time: _____ By whom? _____

Were paramedics called? YES NO By whom? _____

Was the injured transported to the hospital? YES NO Time: _____

By whom? _____

Signed: _____ Date: _____

Mailed to the [Office of Education](#) on: _____

Date