

Accident/Incident Report

(circle which one is applicable)

Name of Injured: _____ Date of Birth: _____

Site/Campus: _____ Classroom Teacher: _____

Date/Time of Accident/Incident (circle one): ___/___/___ : ___ a.m./p.m.

Location Accident/Incident Occurred (circle one):

Nature of injury: (check one) fall/bump bitten by another child hit/scratched by another child
 nosebleed burn other-specify: _____

Briefly describe events proceeding and following accident/incident (circle one): (facts only)

A. Was Emergency Pathway taken? ___ yes ___ no. If yes, why _____

B. Was on site First Aid Administered? ___ yes ___ no. If yes, explain who did what, when, etc.

C. Was parent/Guardian notified? ___ yes ___ no. Did Parent/Guardian pick child up? ___ yes ___ no
When? (time) _____

D. Is follow-up treatment needed with a Medical Provider? ___ yes ___ no. If yes, why and what occurred?

Name/*Title/Address/Phone Number of witnesses:

Signature of (1) witness

*Title

_____/_____/_____
Date

Signature of Reporting Staff

*Title

_____/_____/_____
Date