



INCIDENT/INJURY REPORT FORM

Date of Incident _____ Time of Incident _____ am / pm
Name of Person Filing Report _____ ☐ Security ☐ Staff ☐ Student
Name of Person Involved _____ Student I.D. # _____
Phone # _____ D.O.B. _____
Address _____ City _____ Zip _____
Emergency Contact _____ Phone () _____
Insurance Company (complete if covered by insurance; otherwise write "None") _____

PLACE OF INCIDENT

Classroom (specify) _____ Other Location (if Off Campus, specify) _____

DESCRIPTION OF INCIDENT AND/OR INJURY

Please provide specific details regarding the incident or injury, such as names, places, the time of events, and B numbers of any students involved. In the case of an injury, please also specify any unsafe conditions, actions, tools or equipment involved. *Please attach a separate sheet if needed.*

ACTIONS TAKEN

Describe Action Taken _____

Was a parent or other individual notified? No____ Yes____ When?____ How?____

Name of individual notified _____ By Whom? _____

Witness: Name _____ Phone _____

Sent to Hospital (name) _____ Referral to Physician _____

Refused Treatment _____

Signed: _____ **Date:** _____