



STUDENT INCIDENT REPORT FORM

Name (Last, First): _____ Grade/Class: _____

Date of Incident: _____ Time of Incident: _____ Location: _____

Class or School Activity: _____

Name of Supervising Adult at the time of the incident: _____

Names of witnesses, if any: _____

Describe the specific details of the incident (apparent injuries, including left/right, etc.):

First aid treatment required [] Yes [] No Treatment provided by: _____

Details of first aid treatment: _____

Parent notified (time/date): _____ Name of person notified: _____

Parent was advised to seek medical treatment for student [] Yes [] No

Transported to medical attention [] Yes [] No Method of transport [] ambulance [] parent

Medical care provided [] Yes [] No If yes, was student admitted [] or Emergency care only []

Details of medical treatment: _____

Administration notified (date/time): _____ Name of Administrator: _____

Additional information (i.e. parental concerns, disabilities, etc.):

Form filled out by (print name): _____

Supervisor Signature: _____ Date signed: _____

Principal's Signature: _____ Date signed: _____