



Incident Report

Student _____ DOB: _____ Class: _____
Date: _____ Start Time: _____ Setting and Location: _____
Person Preparing This Report: _____

Nature of Incident:

Nature of Injury:

First Aid Administered:

Staff member(s) attending to accident:

Additional comments:

Parents were notified of the incident by:

Telephone Email Home note

Reporter's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____