



Accident/Incident Report

1. This report pertains to an incident/accident or situation that DOES NOT require activating Law Enforcement/Crisis Intervention for an event occurring during regular school hours, school sponsored activities and on buses transporting students and from school and school sponsored activities.
2. A monthly report containing a summary of accidents will be emailed/faxed to Coordinated School Health at the end of the month.
3. If an accident results in further care from a physician (i.e. broken arm, concussion) immediately email/fax the report to Coordinated School Health.

School Name: _____ Date/Time of Incident: _____
 Student Name: _____ Phone Number: _____
 Grade: _____ Age: _____ Race: _____ Sex: _____ Street Address: _____
 Parent/Guardian notified? _____ Yes _____ No _____ Unable to reach parent
 Administrator Notified _____ Yes _____ No

Student has existing medical condition?	Yes	No
Student has health plan?	Yes	No
Student requires routine or emergency medication?	Yes	No

Select action taken: (check the appropriate box)

Parent Present	
Student released to parent	
Student Returned to Class/activity	
Student kept in clinic for observation	
Other	

Circle answer for each:

Did incident/accident occur while student was supervised?	Yes	No
Did incident/accident occur during a school-sponsored event?	Yes	No
Does this student have insurance?	Yes	No

CONTINUED ON BACKSIDE



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Type of Injury:

Break	Bump	Broken/Chipped Tooth	Burn
Bruise	Nosebleed	Dislocation	Cut
Puncture	Scratch/Scrape/Mash	Sprain/Pull/Jam/Twist	Insect Sting

Part Of the Body Injured: _____

First Aid treatment applied: ____ Yes ____ No

Other: _____

Describe Activity:

Arrival	Dismissal	In Classroom
Field Trip	Laboratory	Lunch
Physical Education	Practice	Recess

Other: _____

Location of Incident: _____

Describe how the incident happened: _____

Describes student's condition: _____

Describe action taken by school personnel: _____

Name of Supervising Teacher/Staff Reporting the incident: _____

Signature: _____

Principal Signature _____ Date: _____