Student Incident Report

Injured Person	District	School Building
Address	Date of Incident	Time of Incident
	Date of Birth	Gender ☐ M ☐ F
	Person Injured ☐ Student ☐ Visitor	
Phone	Parent/Legal Guardian (if a minor) & phone	

Description of Accident (Where/How did the accident occur? What is the injury?)

Actions Taken

☐ Ambulance called
☐ School Nurse contacted
☐ Parent or Guardian notified
☐ First Aid given Provided by:_____
☐ None
☐ Injured person released to ☐ Home ☐ Class ☐ Parent ☐ Hospital ☐ Other _____

Time released_____

Witness	Address	Phone
Witness	Address	Phone

Completed by	Title
Phone	Date of Report

Please send a digital version of this completed form to:

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