

Student Incident Report

Injured Person		District	School Building	
Address		Date of Incident	Time of Incident	
		Date of Birth	Gender	
		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 ☐ Cla	ass 🗌 Parent 🗌 Hos	pital	
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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