

School Reporting:

Name of Student or Employee:

Name of Parents (for Student):

Name of Home Room Teacher (for Student):

Grade :

Date of Accident or Incident:

Time of Accident or Incident:

Type of Injury:

How did it Happen?

Where did it Happen?

What First Aid or Other Attention was Given to the Student or Employee?

Were Parents Notified? (for Student)

Yes:

No:

Name of Witnesses:

Signature of Teacher Reporting Accident or Incident:

Signature of Principal: