

# LIMESTONE

COUNTY SCHOOLS



## EMPLOYEE and STUDENT ACCIDENT/INCIDENT REPORT

(This form must be submitted within 24 hours of accident/injury with form HR0002B)

Date of Accident/ Incident: \_\_\_\_\_

Time of Accident/ Incident: \_\_\_\_\_

Location of Accident/ Incident: \_\_\_\_\_

Person Involved (if more than one person, use reverse side of this form):

Name	DOB	Gender	Grade	Teacher
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Home Address	Parent/Guardian/Immediate Family Member
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Description of the accident/incident: (i.e. nature of accident/incident, school equipment or property involved, names of witnesses, medical care required, and other relevant information. Use reverse side if more space needed.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parties involved (health care, teacher, administrator, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were parents/guardians/immediate family notified? Yes / No (circle)

If yes, who did the notification? \_\_\_\_\_

Person making the report: \_\_\_\_\_

Printed Name

Signature

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

