

# Accident/Incident Report Form

Student Name: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Time of Incident: \_\_\_\_\_

Supervisor/Teacher: \_\_\_\_\_

Description of Incident:

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First Aid Administered:

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Parent Contacted by: \_\_\_\_\_ Time: \_\_\_\_\_

Parent Instructions:

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Emergency Assistance Called (EMT): \_\_\_\_\_