

PLEASE RETURN COPY TO NURSES OFFICE

EAST CARTER CO R-2 DISTRICT
ACCIDENT/INCIDENT REPORT

1. Name of student or employee _____
Address: _____

- Sex _____ Age _____ Grade _____
2. Date of accident _____ Time _____ Location _____
3. Injury or problem _____
4. _____
Treatment _____

5. Equipment involved in accident _____
6. Activity of person at time of accident _____
7. Curricular activity _____ Extracurricular activity _____
8. Name of Supervisor _____
9. Nurse called? Yes _____ No _____
If no Why? _____
Name of Nurse _____
Nurses
Comments/Treatment _____

10. Parent or other person notified? Yes _____ No _____
Name of person notified and relationship _____
11. Ambulance called? Yes _____ No _____
12. If yes, transported to _____

Signature of Supervisor

Signature of Principal

Signature of Nurse

Date of Report

Prepared by _____