

**RECOVERY SCHOOL DISTRICT
SCHOOL ACCIDENT/INCIDENT REPORT**

School Site _____

Report of personal injury for student

Student Name/grade _____ Date _____ Time _____

Address _____ DOB _____ Phone _____

Accident location: _____ classroom _____ playground _____ gym _____ bus
_____ other _____

Was Parent Notified? ___ Yes ___ No How? _____

Witness _____ Signature _____

Part of Body Injured

(mark X on area of body involved)

Describe the Incidence (Be Specific)

Front

Back

Describe First Aid Measure(s) Given

Signature: _____

Disposition: ___ Returned to Class? ___ Called Parent? ___ Parent will pick up student
___ Call 911? ___ Hospital E.R.? _____ Other (describe)

Person Completing Report

Name _____ Title _____ Date Signed _____

Principal/Supervisor _____ Date Signed _____

White/RSD Central Office

Yellow/School

Pink/school nurse