INCIDENT REPORT

Injured Student’s Name Date of Incident Time

Injured Student’s Address and Phone Number

School Site Location of Campus where accident occurred

Describe what happened:

Describe Injury:

School Employees or volunteers who witnessed incident:

Name Address Phone No.

Medical Response

Was medical attention needed or provided?

First Aid Given: Yes ❒ No ❒ Ambulance Yes ❒ No ❒ 911 called? Yes ❒ No ❒

Other Witness Contact Information

Name Address Phone No.

Follow-up (if applicable):

Teacher/Site Administrator Signature Date

FORM 314 ( OCT 2015)