

# INCIDENT REPORTS

In the event that your child is involved in an incident involving some form of injury you will receive an incident report and another copy will be placed in your child's records.

## Incident Report

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

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

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

Teacher: \_\_\_\_\_

Witness: \_\_\_\_\_

Injured Body Part: \_\_\_\_\_

Was Parent/Guardian Called      YES      NO

Were EMT'S Called                      YES      NO

Description of Incident:

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

What type of first aid was administered?

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