

SCHOOL INCIDENT REPORT

Kentucky-Tennessee Conference

DIRECTIONS: Include factual information only. (To be filed in school office.)

Name: _____

Address: _____

Age _____ Sex: Male _____ Female _____ Grade: _____

School: _____ Teacher: _____

Activity Supervisor: _____

Is incident/injury related to a school function? Yes ___ No ___

Date of incident/injury or initial diagnosis: _____ Time of incident/injury: _____

Place of incident/injury: _____

Describe the incident/injury in detail (what happened) and indicate the part of body affected.

Did the student return to school: Yes ___ No ___ When? _____

Name & address of physician: _____

Name of witnesses: _____

Comments: _____

Signatures: _____

TEACHER/SUPERVISOR

NURSE/FIRST AID PERSON

PARENT/GUARDIAN

DATE