

HAMILTON COUNTY EDUCATION SERVICE CENTER

ACCIDENT / INCIDENT REPORT

An Accident Report is to be completed when any injury or serious illness requires a student to leave school for immediate medical attention or when the parent/guardian has been advised to seek prompt medical attention following the dismissal of school. It may also be used when any unusual incident occurs, whether or not such incident causes direct injury or illness. The Accident Report is to be completed by school personnel at the scene of the accident/incident on the day of the occurrence.

STUDENT INFORMATION

Name _____ DOB _____ Grade _____
Address _____ Phone _____
Name of parent/guardian _____ Phone _____

DOCUMENTATION OF ACCIDENT / INCIDENT

Date accident/incident occurred _____ Time _____ AM ___ PM ___ Place _____
Supervising teacher(s) _____
Describe how the accident/incident occurred (use reverse side if needed) _____

Describe the location and nature of the injury/illness (use reverse side if needed) _____

Witnesses _____

ACTION TAKEN

First aid given: Yes ___ No ___ By whom _____
Emergency medical system (911) notified Yes ___ No ___ Time _____ AM ___ PM ___
Parent/guardian notified Yes ___ No ___ Time _____ AM ___ PM ___
If no, explain _____
Principal notified Yes ___ No ___ Time _____ AM ___ PM ___
Other(s) notified _____ Yes ___ No ___ Time _____ AM ___ PM ___
Victim sent: Home Yes ___ No ___ Time _____ Accompanied by _____
Physician Yes ___ No ___ Time _____ Physician _____
ER Yes ___ No ___ Time _____ Hospital _____
Follow-up needed _____

(Signature of person completing report)

(Title)

(Date)
HCESC 11/98