

School Incident Report

St. Rose of Lima

Name of injured _____ Address _____

Phone _____ Grade _____ Homeroom _____ Age _____

Parents of injured _____

Place of accident _____ Date of accident _____

Hour _____ Date reported _____ By whom _____

Parent contact attempted at _____ Parent contacted at _____

Describe accident. Giving specific location and condition of premises

Nature of injury _____

(describe in detail)

Care given. Or action taken by nurse or others _____

Reason injured person was on premises _____

(activity at time – i.e. Lunch. Physical education, etc.)

Staff member responsible for student supervision at time of accident

Is student covered by school-sponsored accident insurance. _____ Yes _____ No

MEDICAL CARE RECOMMENDED _____ Yes _____ No

WHERE TAKEN AFTER ACCIDENT _____

(Specify home, physician, or hospital, giving name and address)

BY WHOM _____ AT WHAT TIME _____

FOLLOW-UP BY NURSE TO BE SENT TO CENTRAL HEALTH OFFICE

REMEDIATIVE MEASURES TAKEN _____

(Attach individual remarks if necessary)

School _____ Principal _____

Date _____ Nurse _____

On the back, of this sheet, list all persons familiar with the circumstances of the accident, giving name, address, telephone number, age, and location with respect to the accident.