



Student Accident/Incident Report

Please complete this form and place in your supervisor's mailbox

Accident _____ Incident _____ (Please check one)

Student Name _____

Student Address _____

Phone Number _____

Student Age _____ Gender _____ Lab _____

Date of Accident _____ Time of Accident _____

Location of Accident _____

Explanation of Accident and Nature of Injury:

Were Emergency Services contacted? Yes _____ No _____ (Please check one)

Was the school nurse contacted? Yes _____ No _____ (Please check one)

Describe student's activity at time of injury _____

Additional Steps Taken _____

Name of Person Supervising Activities _____

Signature _____

Date _____