

# NORTHVIEW PUBLIC SCHOOLS

## STUDENT INCIDENT/ACCIDENT REPORT

STUDENT/VICTIM NAME		TIME/DATE REPORTED	TIME INJURY OCCURRED:	TIME	DATE OF INJURY
TYPE OF INJURY/INCIDENT	SCHOOL/PROPERTY NAME	SEX/RACE	DOB/AGE	PHONE NUMBER	GRADE
STUDENT HOME ADDRESS		ZIP	PARENT/GUARDIAN NAME		
OTHERS INVOLVED, NAME OR DESCRIPTION		ADDRESS/ZIP	SEX/RACE	DOB/AGE	PHONE #
1					
2					
3					
<p>WHAT HAPPENED? DESCRIBE FULLY THE EVENTS WHICH RESULTED IN THE INJURY. TELL WHAT HAPPENED AND HOW IT HAPPENED. NAME ANY OBJECTS OR SUBSTANCES INVOLVED AND TELL HOW THEY WERE INVOLVED. GIVE FULL DETAILS ON ALL FACTORS WHICH LED OR CONTRIBUTED TO THE ACCIDENT. LIST ALL MEDICAL TREATMENT USED. LIST WHO ADMINISTERED THE TREATMENT. USE SEPARATE SHEET OF PAPER IF ADDITIONAL SPACE IS NEEDED.</p>					
INJURED PART OF THE BODY:		RIGHT OR LEFT	WAS SUPERVISOR PRESENT DURING INCIDENT: YES or NO		
WERE PARENT/GUARDIAN NOTIFIED: YES or NO		SIGNATURE(S) OF SUPERVISING ADULT(S):		DATE NOTIFIED	TIME NOTIFIED
IF NO, REASON:				PRINT NAME OF ABOVE SIGNED SUPERVISOR:	
IF YES, NAME OF PARENT/GUARDIAN CONTACTED:			PARENT/GUARDIAN RESPONSE:		
POLICE INFORMATION:					