

Special Education Accident/Incident Report Form

Please check type of report: Accident Incident

Date of Report: _____ Date of Occurrence: _____ Time: _____

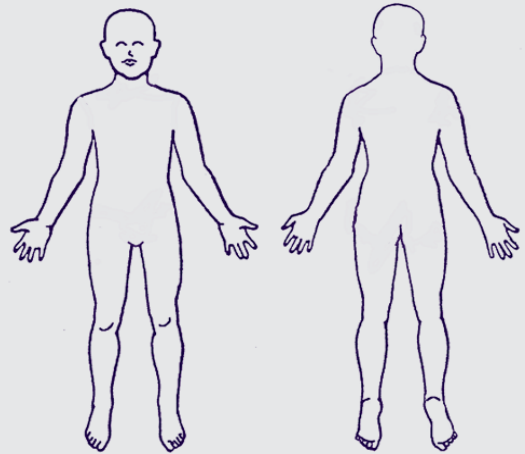
Name of Person: _____ Student Staff Other Adult

Location where it happened:

Please give details of the situation:

For accidents only:

Describe the physical injury (type of injury, part of body affected, specify right or left, mark injury on diagrams)



First aid rendered?: yes no If yes, please describe: _____

When? _____ By whom? _____ Phone #: _____

Any other actions taken? _____

Parent contacted? (date/time): _____ Ambulance Arrival Time: _____

Name of Witness: _____ Reported to: SE Contact Teacher SE Coordinator

Form completed by: _____