

Texas Conference SCHOOL INCIDENT REPORT FOR LOCAL USE

Directions: Include factual information only. (To be filed in school office.)

Name: _____

Home Address: _____

Age: _____ Sex: Male _____ Female _____

Grade: _____ School: _____

Teacher: _____ Activity Supervisor _____

Is incident/injury related to a school function? Yes _____ No _____

Date of incident/injury or initial diagnosis: _____ Time of incident/injury _____

Place of incident/injury: _____

Describe the incident/injury in detail (what happened) and indicate the part of body affected:

Did student return to school? Yes _____ No _____ When? _____

If student did not return to school, indicate last day in school: _____

Was student treated? _____ When? _____ Where? _____

Name and address of Physician: _____

If hospitalized, name and address of hospital _____

Name of witnesses: _____

Comments: _____

Signatures:

Teacher/Supervisor

Nurse/First-Aid Person

Parent Guardian

Date: _____