**ACCIDENT / INCIDENT FORM**

**To be completed by First Person on the scene**

Persons involved in the accident:

|  |  |  |  |
| --- | --- | --- | --- |
| Date: |  | Time: |  |
| Name of Victim: |  | Grade / Homeroom: |  |
| Name of first person on the scene: |  | Position: |  |
| Details of accident / incident: |  |
| Where did the accident take place: |  |
| What happened: |
|  |
| Action taken: |
|  |
|  |
| Name/signature: |  | Date: |  |
| **To be completed by Health Office Staff** |
| Condition of patient: |
|  |
|  |
| Treatment: |
|  |
|  |
| Notification / Copies to: |
| 🞏 | Superintendent | 🞏 | Principal | 🞏 | Health Office files | 🞏 | Parents | 🞏 | Counselor |
| Comments: |  |
| Name/signature Health Office Staff: |  | Date: |  |
| Name/signature of Principal: |  | Date: |  |