

Student name: _____ Male _____ Female _____

DOB: _____ Grade _____ Teacher _____

Date of incident: _____ Time of incident: _____

Circle School: Shannon Carpenter Middle School High School

Specific location of incident: _____

Supervisor at time of incident: _____

Witnessed? Yes ___ No ___ Witnesses: _____

Description of accident/incident in detail:

Injury assessed by Nurse: Yes _____ No _____ Nurse signature: _____

Nurse Comments: _____

Dr/Dentist Referral: Yes ___ No ___ Dr/Dentist Name: _____

Parent notified: Yes ___ No ___ Notified By: _____

Date of Report: _____

Signature of person completing form: _____ Date: _____

Principal Signature: _____ Date: _____

Revised: 5/22/17

Reviewed: