

Accident / Incident Report - Students



**FREE REFORMED
SCHOOL ASSOCIATION**

My heart I offer to You Lord - promptly and sincerely

SCHOOL: _____

Date and time of accident: _____ Location: _____

Name of person/s injured/ involved in the accident/incident: _____

Name of person attending to the accident/incident: _____

Details including cause of the accident/incident:

Nature of the injuries: _____

Action taken and treatment involved: _____

Name of witness(es) to the accident/incident: _____

Parent Advised: Yes No By whom: _____

SIGNATURE:

_____ **Date:** _____

FORWARD REPORT TO YOUR PRINCIPAL

Follow up required: _____

Principal Signature:

_____ Date: _____

Follow up action taken by: _____

Signature:

_____ Date: _____

**THIS REPORT IS TO BE PLACED IN THE RELEVANT STUDENT'S FILE
A COPY OF THE REPORT IS TO BE KEPT BY THE PRINCIPAL**