

DARBY SCHOOL DISTRICT
SCHOOL ACCIDENT/INCIDENT REPORT

DATE OF ACCIDENT: _____ **TIME OF ACCIDENT:** _____

NAME OF INJURED: _____ **PARENT'S NAME:** _____

AGE: _____ **SEX:** _____ **GRADE:** _____ **SCHOOL:** _____

HOME ADDRESS: _____

HOME PHONE: _____ **PARENT'S WORK PHONE:** _____

LOCATION OF ACCIDENT: _____

DESCRIPTION OF ACCIDENT: _____

PERSON IN CHARGE WHEN ACCIDENT OCCURRED: _____

IMMEDIATE ACTION TAKEN: () First-aid Treatment () Sent to School Nurse
() Taken Home () Referred to Doctor () Sent to Hospital By Whom: _____

NOTIFICATION: () Parent () Guardian () Doctor () Nurse () Teacher () Other _____
How Notified: _____ When: _____ By Whom: _____

DISPOSITION: () Taken Home () Taken to doctor's office () Taken to hospital () Other _____

WITNESSES: Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

MISCELLANEOUS INFORMATION: (Condition of premises, equipment, weather, etc.)

Person Submitting Report _____ Contact Phone No. _____

Signed by Principal /Nurse _____ Contact Phone No. _____