

SOUTHEAST REGION CAREER & TECHNOLOGY CENTER

STUDENT INCIDENT REPORT FORM

Purpose:

This form is to be completed for any accident, injury, medical situation, behavioral concern, or other incident involving a student.

☞ Reports should be completed within 24 hours of the incident whenever possible.

1. GENERAL INFORMATION

- Date of Report: _____
- Home School: _____
- Program / Course: _____

2. STUDENT / PERSON INVOLVED

- Full Name: _____
- Address: _____
- Phone: _____
- Email: _____
- Parent(s)/Guardian(s): _____
- Parent Notified: Yes No Date/Time: _____

3. INCIDENT DETAILS

- Date of Incident: _____
- Time: _____ AM PM
- Location: _____

Description of Incident

(Provide a clear, factual, and detailed account of what occurred. Include sequence of events.)

4. INJURIES / MEDICAL INFORMATION

- Was anyone injured? Yes No

If yes:

- Description of Injury (body part & severity): _____
- Emergency care provided by: _____

5. WITNESSES

- Were there witnesses? Yes No

If yes, list names and contact information:

6. FOLLOW-UP ACTIONS

- Student remained in school? Yes No
- Parent/Guardian notified? Yes No
- Was medical treatment provided?
 Yes No Refused
- If yes, who provided care?
 Clinic Hospital School Nurse Instructor Administration

7. PERSON FILING REPORT

- Name (Print): _____
- Signature: _____
- Date: _____

8. STATEMENT OF ACCURACY

I, _____, certify that the information provided above is accurate and factual to the best of my knowledge.

- Person Involved (Print Name): _____
- Signature: _____
- Date: _____