

Incident Record Form

Date of Incident: _____

Time of Incident: _____

Location of Incident: _____

1. Person(s) Involved

Name	Role (Student/Staff/Other)	Age (if student)	Contact Information

2. Incident Details

Type of Incident: Accident Illness Behavioral Property Damage Other: _____

Description of Incident (Include what happened, injuries, events leading up, etc.):

3. Witnesses

Name	Contact Information	Statement

4. Action Taken

First Aid Provided: Yes No

If yes, describe:

Other Action(s) Taken (parent/guardian notified, authorities called, etc.):

5. Follow-up Required

Yes No

If yes, describe:

6. Signature

Staff Reporting
Date: _____

Administrator Review
Date: _____