

School Accident Incident Report Record Form

Instructions: Complete this form immediately after an accident occurs. Ensure all sections are filled accurately. Submit to the school office or relevant authority as per school policy.

Incident Details			
Date of Incident:	<input type="text"/>	Time of Incident:	<input type="text"/>
Location of Incident:	<input type="text"/>		
Reported By:	<input type="text"/>	Role/Position:	<input type="text"/>

Person(s) Involved			
Name(s):	<input type="text"/>	Class/Grade:	<input type="text"/>
Contact Number:	<input type="text"/>		

Description of Incident	
<input type="text"/>	

Injury Details (if any)			
Nature of Injury:	<input type="text"/>		
First Aid Given:	<input type="checkbox"/> Yes <input type="checkbox"/> No	First Aid Provided By:	<input type="text"/>

Witnesses (if any)			
Name:	<input type="text"/>	Contact:	<input type="text"/>

Action Taken / Follow-Up	
<input type="text"/>	

Signature & Date			
Reported By (Signature):	<input type="text"/>	Date:	<input type="text"/>

Submit Report

Note: All information provided on this form is confidential and intended solely for incident management and reporting purposes.