

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.