



Student/Guest Incident/Accident Report Form

Please specify: Who was involved: Student or Guest

Was this an: Incident or Accident

1. Name of person involved: _____
Last First Middle

2. Address: _____
Street City State Zip

3. Current Phone Number: _____
Cell Home

4. Age _____ Gender _____ Program (if applicable) _____

5. Date of accident/incident: _____ Time of accident/incident: _____

a. **How and where it occurred** (campus building (1-4), parking lot, etc.):

b. **Nature of injury (if applicable):**

c. **Police/Emergency Services Contacted:** Yes No

6. On the date of the accident/incident (for this student/guest):

Time school convened: _____ Time school dismissed: _____

7. Describe activity at the time of injury:

8. First aid measures taken:

9. Name of person supervising activities: _____

10. Date this form was completed: _____

11. Signature of person completing form: _____