

NORTHVIEW PUBLIC SCHOOLS INCIDENT/ACCIDENT REPORT

NAME OF INVOLVED PERSON		TIME REPORTED	TIME INJURY OCCURRED		DATE OF INJURY
TYPE OF INJURY/INCIDENT	SCHOOL PROPERTY NAME	SEX	DOB/AGE	PHONE	GRADE
STUDENT HOME ADDRESS		ZIP	PARENT/GUARDIAN NAME		
OTHERS INVOLVED NAME OR DESCRIPTION	ADDRESS		SEX	DOB/AGE	PHONE
<p>DESCRIBE FULLY THE EVENTS THAT RESULTED IN THE INJURY. TELL WHAT HAPPENED, HOW IT HAPPENED AND NAME ANY OBJECTS OR SUBSTANCES INVOLVED AND TELL HOW THEY WERE INVOLVED. GIVE FULL DETAILS ON ALL FACTORS WHICH LED TO OR CONTRIBUTED TO THE ACCIDENT. LIST ALL MEDICAL TREATMENT USED. LIST WHO ADMINISTERED THE TREATMENT. USE SEPARATE SHEET OF PAPER IF ADDITIONAL SPACE IS NEEDED.</p>					
INJURED PART OF THE BODY?		RIGHT OR LEFT	WAS SUPERVISING PERSON PRESENT DURING INCIDENT?		YES NO
WERE PARENTS NOTIFIED? YES NO		SIGNATURE(S) OF SUPERVISING ADULT(S)		DATE OF INJURY	TIME NOTIFIED
IF NO, WHY NOT?					
		PRINT NAME OF ABOVE SIGNED SUPERVISOR			
IF YES, NAME OF PERSON NOTIFIED					
PARENT/GUARDIAN RESPONSE					
POLICE INVOLVMENT?					