

# Student Report of Incident, Injury, or Illness

Supervisor/Employee completing report: \_\_\_\_\_

Date and Time of Incident/Injury/Illness \_\_\_\_\_

Location of the Incident/Injury/Illness \_\_\_\_\_

Was 911 called?

\_\_\_\_\_

Who was contacted from family: \_\_\_\_\_ What time were they contacted: \_\_\_\_\_

How were they contacted? Was a message left? \_\_\_\_\_

Person(s) involved in the Incident:

Adult(s)

Student(s)

Adult(s)	Student(s)
_____	_____
_____	_____
_____	_____

Description of the Incident/Injury/Illness and action taken:

What caused the Incident/Injury/Illness

Action taken (or required) to prevent such incidents in the future:

Witnesses to the Incident/Injury/Illness: (Attach witness statements if necessary)

Supervisor's / Employee's Name Filling Out Report: \_\_\_\_\_