

PLYMOUTH JOINT SCHOOL DISTRICT

ACCIDENT/INCIDENT REPORT
[Copy to Building, Copy to District Office]

<<Use for all except employees of the district – use Worker's Comp. Form for them>>

Name of person involved in accident/incident _____

Report filed by _____ School _____

Date of report _____ Date of accident/incident _____

If student, parent/guardian name _____

Address (Street) _____ (City) _____ (State) _____

Phone _____ Grade if Student _____ Date of birth _____

Where did the accident/incident occur? _____

Time of accident/incident _____

If student, was he/she directly supervised at the time? _____ Yes _____ No

If yes, name of supervisor _____

Describe activity at time of accident/incident _____

Describe the cause _____

Describe the nature and extent of injury if appropriate _____

If injured, what was the object or substance that directly injured the person? _____

Indicate medical treatment provided:

First aid by direct supervisor _____

First aid by nurse/nurse aide _____

First aid by other, describe _____

Treated by doctor? _____ Yes _____ No

Doctor's name/clinic if yes above _____

Was the person hospitalized? Where? _____

Date/time of parent notification _____

If Student, amount of school missed _____

Comments (Give any suggested changes to prevent recurrence):

Office Use:
Principal Initial: _____
Report filed with district Insurance carrier: _____
Date: _____ Initials: _____