

Wirt County Schools Incident Report Form

Name of school _____ Date _____

If injured person is a STUDENT:

Name _____ Date of birth _____

Address _____

Supervising Adult _____

Incident reported to parent/guardian: _____ yes _____ no

If no, why not? _____

Parent/guardian name incident reported to _____

Date reported _____ Time reported _____

If injured person is an EMPLOYEE:

Name _____ Title _____

Address _____

Phone _____ Work location _____

Supervisor _____

Reported to supervisor: Date _____ Time _____

Details of incident:

Date of incident _____ Time _____

Location incident occurred _____

Describe what happened _____

Description / Assessment of injury _____

Treatment administered _____

Treatment administered by _____ Title _____

Was injured person sent home _____ yes _____ no

Was injured person referred to a doctor _____ yes _____ no

Was injured person transported to a medical facility _____ yes _____ no

If yes, name of facility _____

Transported by _____

Condition of injured person upon leaving school property _____

(Continued on reverse)

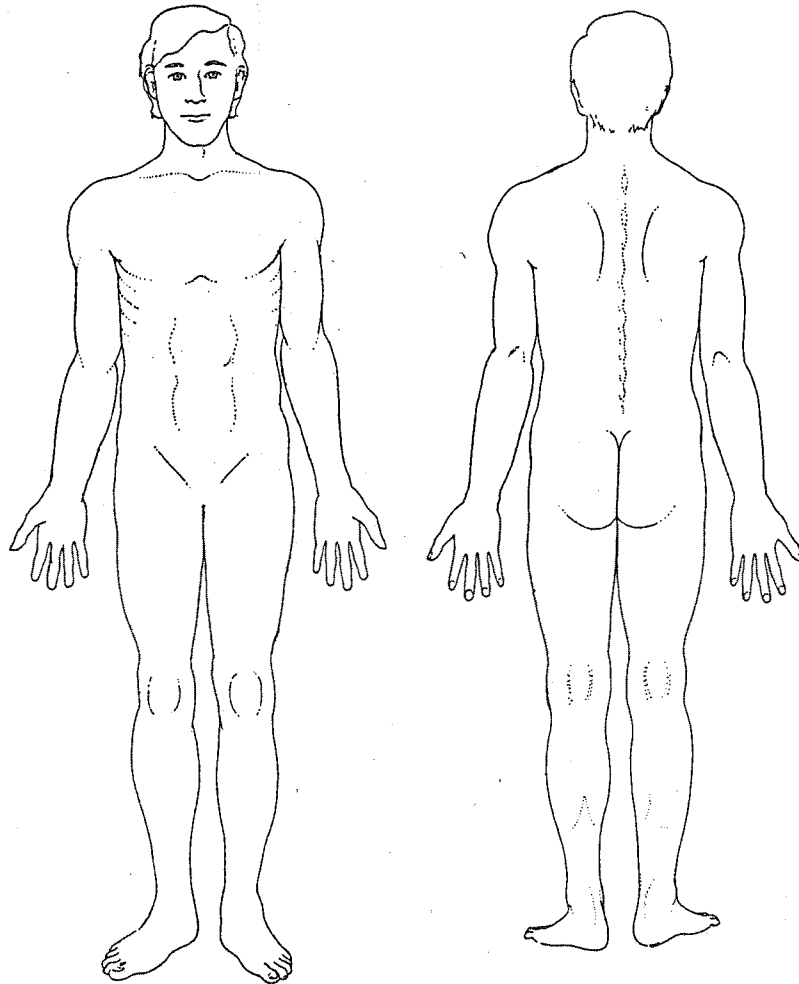
Witnesses:

Name _____
Title _____ Phone _____

Name _____
Title _____ Phone _____

Additional information:

Please mark plainly on diagram, location of injury.



Name of person filling out form and diagram _____

Follow up:

Principal/Director Signature

Date