



# Student and/or Visitor Accident/Incident Report

Rev. 1/22

Date of Report: \_\_\_\_\_

Check One: Accident \_\_\_\_\_ or Incident \_\_\_\_\_

1.) School Name, Address, & Phone: \_\_\_\_\_

2.) Date & Time of Accident/Incident: \_\_\_\_\_

3.) Name of Injured Individual: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

4.) Address of Injured Individual: \_\_\_\_\_

5.) Name of Parent/Guardian (if student): \_\_\_\_\_

6.) Type of Injury: \_\_\_\_\_

7.) Name(s) of Adult Supervisor(s) on Scene (Teachers, Monitors, etc.):

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

8.) If pertinent, describe weather conditions, physical plant and/or ground conditions, lighting, etc.: \_\_\_\_\_

9.) Machine, tool, or object which caused injury: \_\_\_\_\_

Was safety appliance or regulation provided? Yes \_\_\_\_\_ No \_\_\_\_\_ Was it in use at the time of accident/injury? Yes \_\_\_\_\_ No \_\_\_\_\_

10.) Person(s) involved (if NOT a student, indicate N/A for grade):

Name	Sex	Age	Grade	Address
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Name	Sex	Age	Grade	Address
_____	_____	_____	_____	_____

11.) Comment(s) [include amount of damage done to property, if any]: \_\_\_\_\_

12.) Witnesses (if NOT a student, indicate N/A for grade):

Name	Sex	Age	Grade	Address
_____	_____	_____	_____	_____

Name	Sex	Age	Grade	Address
_____	_____	_____	_____	_____

13.) Action taken: \_\_\_\_\_ Ambulance \_\_\_\_\_ Police Called \_\_\_\_\_ Arrival Time: \_\_\_\_\_ A.M. or P.M. Departure Time: \_\_\_\_\_ A.M. or P.M.

14.) Was First Aid given? \_\_\_\_\_ yes \_\_\_\_\_ no If so, by whom? \_\_\_\_\_

15.) Injured individual was taken to: \_\_\_\_\_ By Whom: \_\_\_\_\_

16.) Name of parent/guardian who was notified: \_\_\_\_\_ Relationship: \_\_\_\_\_

Response of notified person (include comment or instruction given): \_\_\_\_\_

17.) Description of Accident/Incident [factual data, statements, teacher's opinion, conclusions, recommendations]:

18.) Report completed by: \_\_\_\_\_ Position: \_\_\_\_\_

Principal / Department Head (Print Name)

Signature

1.) This form is to be used for the following: (a.) all student accidents/incidents, (b.) all visitor accidents/incidents, (c.) any time the police is called to campus.

2.) This form is to be completed IN FULL.

**3.) Original must be sent to: Human Resources, Workers' Compensation Department, 501 Manhattan Blvd., Suite 1200, Harvey, LA 70058.**

4.) A copy is to remain at the school.

5.) Accident/Incident Reports must be submitted NO LATER THAN 3 (THREE) WORKING DAYS after the accident/incident.