

Blank Incident Injury Report

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Incident/Injury Report

Complete a unique report for each student involved. If emergency medical treatment is required, dial 911.

Student's First & Last Name: _____	
Date: _____	Time of incident/injury: _____
School: _____	Staff completing report: _____
Name of parent/guardian contacted (BS/AS only): _____ Contact time (BS/AS only): _____	
School Administrator contacted (Recess only): _____	

Describe the incident in detail: (use additional space/pages if needed)

Right At School Program Manager Signature

Parent/Guardian (BS/AS)
or Admin Signature (Recess only)

Area Manager Signature

Revision #1

Created 16 August 2024 14:16:18 by Ashley Manningham

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