



ACCIDENT AND INJURY REPORT

Student name: _____	Grade: _____	Date of Birth: _____
Location: _____		
Date: _____	Time of Incident: _____	
Staff member/witness/First Aider: _____		

DETAILS OF OCCURENCE

Description of incident: _____

DETAILS OF TREATMENT

Action taken by staff member/witness/First Aider: _____

Medical equipment used: _____

Staff member: _____	Staff member signature: _____
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