

Yamhill Carlton School District

STUDENT ACCIDENT/INCIDENT REPORT FORM

A reportable student accident is an incident occurring while the student is under school jurisdiction, resulting in bodily injury and/or results in necessary outside medical attention. This report will be submitted to the school office **no later** than one day following report of the injury.

Date Completed _____ **School (circle one)** YCES YCIS YCHS

Date of Accident/Incident _____ **Time** _____

Student _____ **Grade** _____

Injury occurred : 0 Class 0 Gym 0 Playground 0 Other

Parent/Guardian _____ **Phone #** _____

Parent notified (date & time) _____ **By whom** _____

Circumstances of Accident/Incident

Witness(s) _____

Who was supervising: _____

First Aid Administered: Yes No **What type:** _____ **By Whom** _____

Was 911 Called: Y or N (circle one)

Signature of Person Completing Form _____

Building Administrator Signature _____

Safety Committee Review

Date Reviewed: _____ **Signature of Committee Chair:** _____

Safety Committee

Recommendations: _____
