

MECHANICVILLE CITY SCHOOL DISTRICT INCIDENT REPORT

Student Name: _____ Grade: _____
Address: _____ Phone: _____
Alleged Incident Date: _____ Time of Incident: _____

ALLEGED INCIDENT INFORMATION

Reported By _____ Date _____ Time _____

Location Within District Where Alleged Incident Occurred and How: _____

Supervisor: _____

Please Describe Alleged Injury (Include part of body): _____

Name/Address/Phone # of any Witnesses (Indicate if none) _____

Statement of Injured Party _____

Was first aid rendered? Yes or No If Yes, by whom/date/time _____

Did individual remain in school
Remainder of day/activity? Yes or No Describe first aid _____

Did individual receive medical
Attention by a physician or
Hospital? Yes or No If Yes, describe medical attention. If unknown, please indicate

Name of physician or hospital _____

EMERGENCY CONTACT INFORMATION

Person Contacted/Relationship _____

Address _____ Phone # _____

Contacted by _____ Date _____ Time _____

If Emergency Contact Was Not Contacted, Please State Reason _____

Completed by Name: _____ Date: _____ Title: _____

Nurse's Signature: _____ Date: _____

Reviewed by Name: _____ Date: _____ Title: _____