

Howards Grove School District  
403 Audubon Road  
Howards Grove, WI 53083

Phone (920) 565-4454  
Fax (920) 565-4461



# Accident/ Incident Report

Name of person involved in incident \_\_\_\_\_

Report filed by \_\_\_\_\_

Date Report filed \_\_\_\_\_ Date of accident/incident \_\_\_\_\_ Time \_\_\_\_\_ AM/PM

If student, Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Student Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parents notified: Date \_\_\_\_\_ Time \_\_\_\_\_ by \_\_\_\_\_

Where did the accident/incident occur? \_\_\_\_\_

If student, were they directly supervised at the time? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, supervisor's name \_\_\_\_\_

Description of activity at the time of accident/incident (use back side if needed) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe the cause, nature and extent of injury \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If injury occurred, what was the object that caused injury \_\_\_\_\_

Describe first aid treatment provided & by who \_\_\_\_\_

\_\_\_\_\_

Victim Hospitalized, if so where: \_\_\_\_\_

If student, amount of school missed \_\_\_\_\_

Other Comments & suggestions for recurrence \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal _____
Date _____
District Nurse _____
Date _____
District Office _____
Date _____

Forward to Building Principal to review & district nurse if applicable. Original to Building Office, copy to District Office.