

School Accident / Incident Report Form

1. Student/Person Involved

Full Name

Date of Birth

Grade/Class

Gender

Contact Number

2. Incident Details

Date of Incident

Time

Location

Type of Incident

Describe What Happened

Witness(es)

3. Injury/Illness Details

Describe Injury/Illness (if any)

First Aid/Administered

Action Taken/By Whom

4. Reporting Staff Member

Name

Position/Role

Signature

Date

5. For Office Use Only

Reviewed By

Review Date

Notes/Action Required