

PLAINVILLE COMMUNITY SCHOOLS

ACCIDENT / INCIDENT REPORT

CLAIMANT'S NAME _____ DOB _____ GRADE _____

NAME OF SCHOOL _____ ELEMENTARY MIDDLE HIGH

CLAIMANT'S ADDRESS _____

DATE OF ACCIDENT _____ 20____ HOUR ____ A.M. ____ P.M.

NATURE OF INJURY _____ PLACE OF INJURY _____

WITNESS' NAME _____ ADDRESS _____

REPORTING TEACHER'S SIGNATURE _____

DESCRIPTION OF INJURY

FIRST AID MEASURES

SIGNATURE NURSE _____