## 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.
		PLACE OF INJURY		
WITNESS' NAME	AI	DDRESS		
REPORTING TEACHER'S SIGNATURE				
DESCRIPTION OF INJURY				
FIRST AID MEASURES				
SIGNATURE NURSE				

Copy – Health folder for students
Principal for staff and students
Superintendent for students only
Business Office for staff only