

ILLNESS AND INJURY RESPONSE AND PREVENTION
(Incident Report)

Name of Injured or Ill Person: _____

Name of Staff Member Filing Report: _____

Date Injury or Illness Occurred: _____ Time Injury or Illness Occurred: _____

Location Where the Injury or Illness Occurred: _____

Witnesses to the Incident: _____

Describe the injury or illness: _____

Describe how the injury or illness occurred: _____

Describe actions taken by the staff member: _____

This report should be filed with the _____ [title] in the case of students.

This report should be filed with the _____ [title] in the case of all others.

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Note: The reader is encouraged to review policies and/or procedures for related information in this administrative area.

FILE: EBBA-AF3
Critical

Implemented: 02/27/2006

Clinton School District #124, Clinton, Missouri