

Student Accident / Health Incident Report

Lexington Public Schools

SCHOOL SITE: _____ DATE OF ACCIDENT: _____
 NAME OF INJURED STUDENT: _____

Accident / Incident Information

WHERE DID THE ACCIDENT OCCUR (SPECIFY YOUR ANSWER)

- ___ BUS # _____
- ___ SCHOOL BUILDING _____
- ___ ENROUTE TO SCHOOL _____
- ___ DEPARTING SCHOOL _____
- ___ ON SCHOOL GROUNDS _____
- ___ PLAYGROUND EQUIPMENT _____

Check yes or no if they apply—give a response to each question

	YES	NO	EXPLANATION / RESPONSE
Was medical attention required?			
Was parent(s) notified of accident? Who did you speak to?			
What was their response?			
Were witnesses present? Who were they?			
If the accident occurred in the street, were Police notified?			
What happened to cause the accident?			
Were students involved? Who?			
What was the injury? How did you treat it?			

Signature of Person Filing Report: _____
 Principal's Signature: _____