

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: _____