



Spoooner Area School District
Student Incident/Accident Report Form
Call District RN with Questions x4050

Student Involved

Name: _____ Grade: _____

Teacher: _____

Incident Specifics

Date of Injury: _____ Day of the Week: _____

Kind of Injury/Body Part: _____

Location: _____

Description of event: _____

Unsafe Actions or Conditions: _____

Supervision during incident: _____

Immediate Action: _____

Witnesses to the incident: _____

Immediate Action: _____

Signatures

Individual Completing Report:

Print	Sign	Date
Principal	Sign	Date
Nurse	Sign	Date

Action Steps: _____
