

STUDENT INCIDENT REPORT
GLOVERSVILLE ENLARGED SCHOOL DISTRICT

Student Name: _____ Incident Date: _____ Time _____
Address: _____ Telephone # _____ DOB ___/___/___

Building Location _____ Grade _____

ALLEGED INCIDENT INFORMATION

Reported By _____ Date _____ Time _____

Describe Where Within Building/Location Alleged Incident Occurred and How:

Person Supervising Student _____

Please Describe Alleged Injury (Include part of body):

Name/Address/Telephone of any witnesses. (Please indicate if none)

Was first aid rendered? Yes ___ No ___ If yes, by whom/date/time

Describe first aid _____

Did student remain in school? Yes ___ No ___

Did student receive medical attention by a physician or hospital? Yes ___ No ___ If Yes, describe medical attention.

Name/Address/Telephone # of physician or hospital _____

Emergency Contact Information

Person Contacted/Relationship _____

Address _____ Telephone _____

Contacted by _____ Date _____ Time _____

If emergency Contact Was Not Contacted, Please state reason: _____

Completed by: _____ Date _____ Title _____

Reviewed by: _____ Date _____ Title _____

