



## Union County Educational Services Commission

### Student Accident & Incident Report

Student's Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Last

\_\_\_\_\_ First

Address \_\_\_\_\_

School/Program \_\_\_\_\_

\_\_\_\_\_ Date of Accident \_\_\_\_\_ Time of Accident \_\_\_\_\_

Date accident reported to teacher in charge \_\_\_\_\_

Witnesses \_\_\_\_\_

Exact location of accident \_\_\_\_\_

Please provide details of accident. \_\_\_\_\_

Signature of person in charge at time of accident \_\_\_\_\_ Date \_\_\_\_\_

#### THIS SECTION TO BE COMPLETED BY THE NURSE

Nature and extent of injury \_\_\_\_\_

Was first aid given? If yes, please detail. \_\_\_\_\_

Parent/Guardian consulted \_\_\_\_\_

Was doctor or dentist consulted? If yes, please provide name and address. \_\_\_\_\_

Signature of Nurse \_\_\_\_\_ Date \_\_\_\_\_

Signature of Principal/Director \_\_\_\_\_ Date \_\_\_\_\_