

# Onsite Accident and Injury Report (School)

## Basic Information

Date of Report:

Report Completed By:

Position/Title:

## Student/Person Involved

Name:

Age:

Grade:

## Incident Details

Date of Incident:

Time of Incident:

Location:

Description of Accident/Injury:

Witnesses (if any):

## Injury Details

Type of Injury:

First Aid Provided:

Action Taken:

Parent/Guardian Notified?  Yes

## Additional Comments

**Submit Report**