

PRINCIPAL OR ADMINISTRATOR

Please make and retain one copy of this report for your files, and forward the original to the Secretary/ Business Administrator.

PASSAIC PUBLIC SCHOOLS

INCIDENT REPORT- STUDENT OR VISITOR

CHECK ONE: Student Visitor Name or School#: _____

Does student have School Insurance? YES NO Is Insurance School Time or 24hrs. _____

Student's or Visitor's Name: _____ Grade/Class or HR#: _____

Address: _____

Home#: (_____) _____ - _____ Date of Accident: ____/____/____ Time: ____:____ am / pm

PART 1: To Be Completed By Staff Member Reporting Accident:

Check appropriate item:

- Physical Education To and From School Field Trip
- Classroom or Hall Non-School Activity (24-HR Plan) Co-curricular Activity (Off Premises)
- Playground Co-curricular Activity (On Premises) Other - Describe: _____

Activity Was: School Schedule, Sponsored and Supervised Non-School Connected

DESCRIPTION OF INCIDENT: Exactly what took place? What activity was involved? Give names of witnesses, etc.
(To be completed by teacher or other staff person in charge of staff member who witnessed or first heard about the incident.)

Date: ____/____/____ Signature of person reporting incident: _____

PART II: To Be Completed By School Nurse

Describe Nature of Injury/ Medical Treatment: _____

Who Was The Teacher In Charge? _____ Was The Student Sent To The Hospital? Yes No

Principal's Comments: _____

Date: ____/____/____ Signature of person reporting incident: _____

PART III: Analysis of Incident

TO BE COMPLETED BY NURSE – based on information available from administration, teacher, etc. – Why did it happen?
Unsafe act on part of student? Horseplay? Unsafe or deficient condition on premises – in equipment, in materials supplied? Student altercation?

Date: ____/____/____ Signature of Nurse: _____