

**CLAYTON COUNTY PUBLIC SCHOOLS
INCIDENT / ACCIDENT REPORT**

Name of School _____

Name of Student or Party: _____

Grade: _____ Age : _____ Gender: _____

Date/Time of Occurrence: _____

Location of incident: _____

Person supervising at time of incident: _____

Describe circumstances of the incident (include kind of injury if appropriate): _____

(Attach any additional information)

Names of others involved in the incident / accident: _____

Describe actions taken: _____

Persons notified of incident / accident (Name, Date, and Time Notified):

____ Supervisor: _____ / _____

____ Principal: _____ / _____

____ School Nurse: _____ / _____

____ Parent: _____ / _____

____ Physician (if applicable): _____ / _____

____ Other (911, etc.): _____ / _____

Follow-up information (if applicable): _____

Signature of Preparer

Date of report

Copy to:

- White - Level Area Assistant Superintendent
- Canary - Principal
- Pink - Parent
- Goldenrod - Risk Management Department (Maintenance)