

ILLNESS AND INJURY RESPONSE AND PREVENTION
(Injury/Incident Report – To be Filed by Supervising Staff)

Date: _____ Name: _____

Principal: _____ Parent: _____

Phone: _____ Address: _____

City: _____ D.O.B.: _____ Age: _____ Sex: Male Female

Grade: _____ Date of Injury: _____ Time: _____ Teacher on Duty: _____

Place of Incident: _____

Injury Suffered: _____

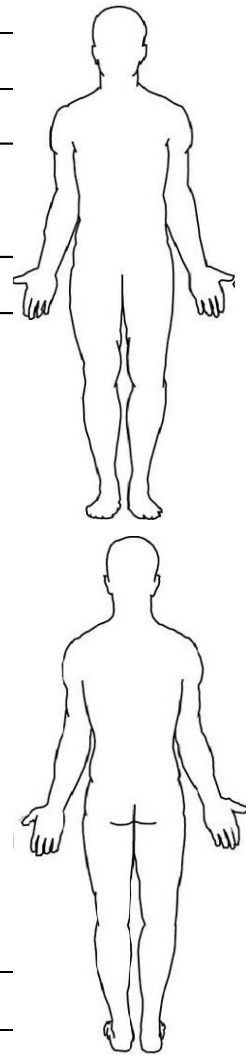
Describe how the injury occurred:

Witness: _____

List of actions taken:

Time dismissed: _____ Dismissed to: _____

Form completed by: _____



This report should be filed with the School Nurse in the case of students. This report should be filed with Human Resources in the case of all others.

Supervisor Signature

Date & Time Sent to B.O.E.

FILE: EBBA-AF3
Critical

Note: The reader is encouraged to review policies and/or procedures for related information in this administrative area.

Implemented: 05/16/2006

Revised: 10/24/2012

Farmington R-7 School District, Farmington, Missouri