

**FREMONT COUNTY SCHOOL DISTRICT #2
INCIDENT/ACCIDENT REPORT**

Name: _____ Date: _____

Location of incident/accident: _____

Time: _____ Head Injury? _____

Was safety equipment in use at the time? Yes ___ No ___

Did the student understand the proper use of the equipment? Yes ___ No ___

Teacher or sponsor of the activity: _____

Who was present when the accident occurred? _____

Description of the accident:

Description of the incident:

First Aid Treatment given:

Were parents notified of the incident or accident? Yes ___ No ___ Time _____

Was the student taken to the clinic? _____ hospital? _____ home? _____ other? _____

Follow-up instructions:

Comments:

Signature: _____ Date: _____