



North Pike School District

ACCIDENT / INCIDENT REPORT

School Location North Pike Elementary North Pike Middle School North Pike High School Alternative School

Student Name: _____ Date: _____ Time: _____

Parent Guardian Name: _____ Grade: _____

Phone Number: _____ Was there an injury please check one: Yes No

Location on Campus Injury Occurred: _____ Type of Accident/Incident: _____

Please list below all names of person(s) involved:

Describe the Accident /Incident. (Include what, where, when, how, incident occurred, type of activity, were there any special circumstances)

Any additional information you feel should be included please continue to write on back of form if you require further space.

Action taken. (This section is to be completed by the school nurse or first aid responder only)

Nurse or First Aid Responder Signature: _____ Date: _____

Administrator/School Designee Signature: _____ Date: _____