**SCHOOL HEALTH ACCIDENT / INCIDENT REPORT**

**South Washington County Schools** School/Site

Independent School District 833

District Service Center Teacher

**7362 E. Point Douglas Road South**

Cottage Grove, MN 55016-3324 Grade

**Student** **Volunteer** **Visitor (** **appropriate box)**

1. Name

Birth date

Address

Phone number

Date of accident/incident

Time

Place of accident (i.e. classroom, bus) Injury sustained Describe accident:

SIGNATURE

Date

1. Action/treatment taken in response to accident/incident:

Head Injury Letter sent: Yes No

Parents notified: Yes No If yes, parents notified by: In person Phone Ph. Message Note home

SIGNATURE

Date

1. Follow-up report, if applicable:

Did injured go to doctor/hospital? Yes No Name of physician and/or hospital Diagnosis/treatment, if known:

SIGNATURE

Date

***Complete by Building Principal or Administrator and return to School Nurse or Health Assistant*** 

1. Suggested remedies to prevent recurrence?

PRINCIPAL’S SIGNATURE

Date

Send completed form to David Moredock at the DSC **DSC**-(**05/15**)