



Accident/Incident Report Form

**Forward Completed Form
to KCMSD Legal Services and Risk Management**

Name: _____ Age/Grade: _____

School/Location: _____ Student No: _____

Incident Date: _____ Incident Time: _____

Cause and Type of Injury (be specific): _____

Location where accident/incident occurred (be specific): _____

Describe group activity at time of accident (be specific): _____

Who was supervising at the time? _____

Who else was present? _____

Parent/guardian notification? YES / NO. Name and contact number: _____

School nurse evaluation and First Aid treatment: _____

Physician Notification? _____ Ambulance called? _____

If medical attention required, name of facility taken to: _____

Name of staff member escorting student if taken by ambulance: _____

Reporter's Signature: _____ Date: _____

School Nurse's Signature: _____ Date: _____

Administrator's Signature: _____ Date: _____

Instructions to Administrators and Principals:

The completed Accident/Incident Report is an internal District document. All requests for copies of this form MUST be directed to the Legal Services Department. Do not provide copies of this form to students or their parents. All questions regarding District liability and payment of damages should be referred to the Legal Services Department or Risk Management.