

RICHLAND-BEAN BLOSSOM COMMUNITY SCHOOL CORPORATION

Date of Report: _____

ACCIDENT/INCIDENT REPORT

Victim's Name: _____

Grade: _____

STATUS: Student _____ Employee _____ Visitor _____ Other (Specify) _____

Address: _____

Parent/Guardian Name: _____

Date of Accident/Incident: _____ Time of Accident/Incident: _____

Specific Location: _____

Description (Who-What-When-Where-How?):

Witnesses: _____

School Corporation Personnel Present:
_____Describe Any First –Aid Given:

Who Notified Parents: _____ When: _____

Was Case Referred To A Physician: _____ When: _____

Name Of Physician: _____

Was Victim Removed From School: _____ By Whom: _____

When: _____ Taken Where: _____

Reported By: _____

Signature

Principal: _____

Signature

PLEASE NOTE: This form MUST be SAVED or PRINTED before emailing**Please immediately email (or fax) to Robin May in the Superintendent's Office:****rmay@rbbschools.net (email is preferred) fax812-876-7020**