

KNOX COUNTY SCHOOLS ACCIDENT/INCIDENT REPORT

This form shall be filled out for any happening which is not consistent with the routine operation of the school.

Location of Incident: _____

Date of Incident: _____ Time: _____ p.m. ___ a.m.

Please list names of all individuals involved and their relationship to the school program:
(student, staff, parent, visitor, etc.)

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

Description of Incident: _____

State Action Taken: _____

Name (s) of Witness (es): _____

Was any involved person (s) injured?	Yes	No
If yes, was first aid given?	Yes	No
by Whom? _____		

Name

Was the person(s) seen by a physician?	Yes	No
Were the parents, guardian, or next of kin notified of the incident?	Yes	No

How to Prevent Recurrence: _____

Date of Report: _____

Title & Signature of Person Preparing Report

Make out one report and send to the
Superintendent's office within 24 hrs.

Supervisor's Signature