



Incident Report Form

Anytown Adventist School

Date of Incident: _____ Time: _____

School: _____ Name of Classroom Teacher: _____

Name of student(s) involved: _____

Type of incident: _____ Was there an injury? Yes No

If there was an injury, describe the injury and treatment: _____

Describe in detail the incident, including where the incident occurred, names of witnesses, supervision at the time of the incident, and who was in charge of the activity:

Were the parents contacted? How? By whom? When?

Were there any special circumstances to this incident?

Teacher's Signature _____

Date _____

All serious incidents should be reported to the Local Conference Office of Education