

FRANKLIN COUNTY TECHNICAL SCHOOL

Initial Report of:

Incident without injury \Box Illness \Box

Accident/Injury □

Part One: To be completed by the Attending Teacher/Staff 1	Person
Name of Injured/III Student	Age Grade
Address of Injured/Ill Student Time of Day _	Home Phone No.
Date of Accident/Injury Time of Day _	a.m. or p.m.
Location	
Name of supervising teacher/staff	
When was teacher in charge of activity first informed of the acc	
Activity of Injured/Ill Person	
Activity of Injured/Ill Person	ting, etc.)
Did a machine, tool or object cause the injury? Yes / No Desc	
Was safety equipment provided? Yes / No Desc	cribe
Was it in use at the time of the incident? Yes / No	
Was injury caused by failure to use safety equipment? Yes / N	
Was injury caused by failure to observe safety rules? Yes / No	
Describe apparent cause of the incident	
Witnesses:	
Was first aid administered at scene? Yes / No Describe	
Was the school nurse notified? Yes / No When?	
If School Nurse was <u>not</u> notified:	
Was Parent or Guardian Notified: Yes / No When	
The injured/ill person: Remained in school or at act	
Taken to the ER by:	
Name of Hospital	
General Remarks	
G: t f A # 1! T 1 /G4-ff	
Signature of Attending Teacher/Staff	Date Completed
Part Two: To be completed by the School Nurse	
Description of injury	
First Aid Given	
Recommendations	
Parent or Guardian Notified: Yes / No Time	<u> </u>
Disposition: Remained in school.	
Taken home by:	
Taken to Physician by:	
Taken to Emergency Room by:	
Taken to I hysician by: Taken to Emergency Room by: Nurse's Signature	Date
The student has the following Health Insurance:	
Part Three: Administration	
Principal's Signature	Date
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ACCIDENT/INCIDENT RESPONSE FORM

1.	Describe in detail the accident/incident (including names of those involved).
2.	Describe any action taken to address the accident/incident with your students.
3.	Describe measures taken to avoid further accidents/incidents of this nature.