

**EAST GRANBY PUBLIC SCHOOLS
ACCIDENT/INCIDENT REPORT**

School _____

Name _____ Date _____ Time _____

Account of the Accident/Incident: _____

Was First Aid Given? Yes ___ No ___ By Whom _____

Description of First Aid Treatment: _____

Extent of Injury: _____

Outcome of Accident/Incident: _____

Was a Doctor Called? Yes ___ No ___ By Whom _____

Name of Doctor Called _____

Parent Notified? Yes ___ No ___ By Whom _____

Was Injured Person Covered by School Insurance? Yes ___ No ___

Principal _____