

ILLNESS AND INJURY RESPONSE AND PREVENTION
(Incident Report)

Name of Injured or Ill Person: _____

Name of Staff Member Filing Report: _____

Date Injury or Illness Occurred: _____ Time Injury or Illness Occurred: _____

Location Where the Injury or Illness Occurred: _____

Witnesses to the Incident: _____

Describe the injury or illness: _____

Describe how the injury or illness occurred: _____

Describe actions taken by the staff member: _____

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| This report should be filed with the _____ [title] in the case of students. This report should be filed with the _____ [title] in the case of all others. |
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Note: *The reader is encouraged to review policies and/or procedures for related information in this administrative area.*

Implemented: January 16, 2008

FILE: EBBA-AF3
Critical

Revised:

Boonville R-I School District, Boonville, Missouri