

Standard Student Accident / Incident Report Form
Nathan Hale High School

Name _____ Age _____ Grade _____

Address _____ Home Phone _____

Date & Time accident occurred _____

Place of Accident

School Building School Grounds To/From School Home Other

Description of Accident _____


Action taken _____

Person in charge when accident occurred _____


Present at scene of accident? No Yes

Was a parent of other individual notified? No Yes When _____ How _____


Name of person notified _____

 Did, or would you expect the individual(s) involved in the incident to seek medical assistance from a non-school district medical provider?

Yes No

 Did, or would you expect disciplinary action to be taken as a result of this accident?

Yes No

 Does, in your judgment, a potentially dangerous situation / condition exist?

Yes No

IMPORTANT – If you answered yes to any of the above questions, please supply a copy of this report and any supporting documentation to West Allis – West Milwaukee School district Business Office.

Person reporting this accident _____ Date _____

Title _____ Phone Number _____