

**BYNUM I.S.D.
SCHOOL ACCIDENT / INCIDENT REPORT
EMPLOYEE**

*Verbal notification should be made immediately to the administration, but
remember:*

**THIS WRITTEN REPORT MUST BE SUBMITTED TO ADMINISTRATION
WITHIN 24 HOURS FOLLOWING THE ACCIDENT /INCIDENT.**

Name of person injured: _____

Date of Accident/ Incident: _____

Exact time of accident/incident: _____ a.m. _____ p.m.

Exact place occurred: _____

Nature of accident or incident: _____

Activity engaged in at the time of accident/incident: _____

Check all that apply:

<i>To Doctor</i> _____	<i>Parent came for child</i> _____
<i>To Nurse</i> _____	<i>Returned to Activity</i> _____
<i>Taken Home</i> _____	<i>Other:</i> _____

Person filing report: _____

Date of filing this report: _____

Comments: _____

School Administrator: _____

Title: _____

Date: _____