

**Alaska Public Entity Insurance
Accident / Incident Reporting Form**

Verbal notification must be made to the school administrator and **this written form should be submitted within 24 hours following the accident or incident.**

Date of Report:

Person Reporting:

Name of Student:

Age:

Grade:

Address:

Date of Accident:

Time of Accident:

Place of Accident:

What happened:

Type of Activity at time of accident:

Supervisor of Activity:

Witnesses:

Was Parent or family member notified:

How were they notified:

Name of Parent or Family Member:

Telephone Number:

Was first aid administered by staff:

If yes, what type of aid was provided:

Was the student referred to a clinic or other medical provider:

If yes, where:

Comments:

Signature of Person Completing Form:

Date:

Signature of School Administrator:

Date:

~~Please fax to (907) 586-2008 or send via e-mail to ldavis@akpei.com~~