



STUDENT ACCIDENT/INCIDENT INVESTIGATION REPORT FORM

CLARKSDALE MUNICIPAL SCHOOL DISTRICT

SCHOOL: _____ CLARKSDALE MUNICIPAL SCHOOL DISTRICT

ADDRESS OR LOCATION NO: _____

DATE AND TIME OF INCIDENT: _____
Date Time

REPORT TO SUPERVISOR OR FIRST AID DELAYED: ☐ No ☐ Yes

IF "YES", WHY? : _____

INJURED STUDENT'S NAME: _____

PARENT OR GUARDIAN: _____

ADDRESS: _____

HOME TELEPHONE NUMBER: _____

NATURE/EXTENT OF INJURIES OR PROPERTY DAMAGE: _____

EXACT LOCATION WHERE ACCIDENT OCCURRED: _____

DESCRIPTION OF ACCIDENT (DETAIL WHAT STUDENT WAS DOING, AND WHAT PHYSICAL OBJECTS, TOOLS, MACHINES, STRUCTURE OR EQUIPMENT WERE INVOLVED:) _____

DETERMINE ACCIDENT CAUSES AND COMMENT FULLY HERE: _____

WHAT SHOULD BE DONE AND BY WHOM TO PREVENT RECURRENCE OF THIS TYPE OF ACCIDENT? _____

WHAT ACTION ARE YOU TAKING TO SEE THAT THIS IS DONE? _____

Teacher's Signature & Name Date Signed

Principal's Signature & Name Date Signed

PARENT NOTIFIED: ☐ No ☐ Yes