



Shelby County Schools Student/Visitor Incident Report Form

In the event that a student or visitor is injured while on school and/or SCS property, this form should be completed and submitted to the main office for entry into the online Student or Visitor Incident Reporting system.

Accident reports should be as detailed as possible. If a student or visitor is injured due to a health or safety issue, details regarding the hazard **MUST** be included. It is Risk Management's goal to correct any health or safety hazards as quickly as possible to avoid future accidents, thereby providing a safe learning & work environment.

Student or Visitor? ☐ Student ☐ Visitor

School/Location Name: _____

Date of Report: _____ **Date of Incident:** _____ **Time of Incident:** _____

Student Name: _____ **Student SSN:** _____

Gender: Select **Date of Birth:** _____ **Grade:** _____

Parent/Guardian Name: _____

Home Address: _____ **Apt:** _____

City: _____ **State:** _____ **Zip:** _____

Home Telephone Number: _____ **Emergency Contact Number:** _____

Location Where Incident Occurred: Select

Injury or Illness? ☐ Injury ☐ Illness

Body Part(s) Injured: _____ **Injury Type(s):** _____ **Illness:** _____

Give a clear description of the incident and how it occurred: _____

Witness Information – Name/Contact Number (leave blank if no witness): _____

Check Appropriate Action Required:

- ☐ No Treatment Needed
- ☐ First Aid
- ☐ Primary Care Doctor
- ☐ Ambulance Required
- ☐ Emergency Room (parent/guardian transport)

Parent/Guardian Contacted: ☐ Yes ☐ No

Response of Parent/Guardian: _____

Did this incident occur during athletic sports? ☐ Yes ☐ No

If Yes, please select the sport: Select

Report Prepared by: _____

Reporting Location

Comments: _____

TEACHERS: This form should be submitted to the main office for entry into the online Student or Visitor Incident Reporting System.