HIGHLAND PARK PUBLIC SCHOOLS

INCIDENT REPORT STUDENT/ADULT FORM
(NON EMPLOYEE)

Student's Name or Adult: _____ Grade:_____ Age:_____

Address_____ Phone _____

Name of Parent or Guardian_____

School Building:_____

Place of Incident:_____Event:_____

How did it happen?_____

_____

What apparent injuries were sustained?_____

What steps were taken in rendering first aid?_____

By Whom?_____

Who was notified? _____

Parent/Guardian_____
(name)

Doctor _____
(name)

Other_____

Was student sent home?_____ Did pupil return to class?_____

Police?_____Ambulance?_____

Remarks:_____

School Insurance_____

_____
Signature of person witnessing incident