

22-23

**EVANGELINE PARISH SCHOOL BOARD
GENERAL ACCIDENT/INCIDENT REPORT**

(Use for Non-Employees, Students, Visitors, etc.)

PLEASE PRINT

DATE OF ACCIDENT/INCIDENT: _____ TIME OF ACCIDENT/INCIDENT: _____

NAME OF PERSON INJURED IN ACCIDENT/INCIDENT: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

PHONE NUMBERS (mobile, home, work, etc.): _____

DATE OF BIRTH: _____ AGE: _____

1. Was anyone else involved in this accident/incident? (circle one) YES NO

If yes, please name persons below.

2. How did this accident/incident occur?

3. Was anyone present who was not involved in this accident/incident (circle one) YES NO

If yes, please name persons below.

4. Describe injury and indicate area(s)/part(s) of body affected by accident/injury.

5. Describe any assistance provided/received at school event or while on school property.

6. Name each school official/employee who provided assistance after accident/injury.

7. Please indicate the exact location where the accident/incident occurred on school property.

8. Please list the date/time when school personnel were first notified of accident/injury.

9. Name each school official notified immediately following the accident/injury.

10. Was the person completing this form involved in the accident/injury? (circle one) YES NO

11. Was the person completing this form a witness to the accident/injury? (circle one) YES NO

12. Is any additional documentation being attached to this report? (circle one) YES NO

Signature (of Person completing this form): _____ Today's Date: _____

Principal's Signature: _____ Date: _____

Name of School: _____

Note: WITHIN 24 HOURS, PLEASE FAX A COPY OF THIS REPORT AND ANY ATTACHMENTS TO 337-363-8086 (EPSB CENTRAL OFFICE), ATTENTION: R. MATTE.

Please file original report at your school.

<This section is for use by EPSB Central Office Only.>

This Report was received by: _____ Date Received: _____