

**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.

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2. How did this accident/incident occur?

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

If yes, please name persons below.

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

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

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

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

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

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

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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: \_\_\_\_\_

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**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.

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

This Report was received by: \_\_\_\_\_

Date Received: \_\_\_\_\_