

# JACKSON PARISH SCHOOL BOARD INCIDENT REPORT

This report should be completed within 24 hours of any incident involving an injury to a student, visitor, or employee occurring on the school grounds or at any school related function. The report should be faxed immediately to the attention of the Superintendent of Schools at 318-259-2527. **Principal's signature is required.**

Name:	Phone:
Address:	
Check Applicable: <input type="checkbox"/> Student <input type="checkbox"/> Visitor <input type="checkbox"/> Employee <input type="checkbox"/> Other	
Date of Accident :	Time of Accident:
If Student: Birth Date:	Grade Level:
Parent or Guardian:	
Where did accident occur?	
Nature of injury:	
What happened?	
Why did it happen?	
<b>Witnesses:</b>	
Name:	Phone:
Name:	Phone:
If injury was caused by any malfunction or improper maintenance of equipment or property, has maintenance department been notified? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Who was notified:	Date & Time:
Have repairs been made? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name of School:

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Principal's Signature