



MADISON LOCAL SCHOOLS
ACCIDENT/INJURY REPORT

To be used for reporting an accident involving students, staff, visitors, etc.
 *Copies are to be submitted to the BOE & Operations Supervisor.

Please complete all items requested on this form

Date of Incident: ____/____/____

Time of Incident: ____:____

Name of Injured: _____

School: _____

Home Address: _____

Phone: _____

Witness (es): _____

<input type="checkbox"/>	Student
<input type="checkbox"/>	Staff
<input type="checkbox"/>	Other

Description of accident (including activity, equipment involved, place and cause):

Initial First Aide (ice applied, cleaned cut, nurse called, etc.):

Was EMS called? NO YES Did EMS Transport? NO YES

If student, were parents notified? NO YES Date: ____/____/____ Time: ____:____

Who notified parents? _____

Signature of person reporting: _____ Date: ____/____/____

Supervisor/Principal corrective action for prevention of re-occurrence:

Name of Supervisor/Principal: _____

**If school employee is injured an Accident Packet should be obtained from building office or at BOE.*