REPORT OF INCIDENT OR STUDENT ACCIDENT (RSK-F103A)

TYPE: Student Accident or Incident Incident (Visitor / Property) Employee Accident/Injury		
School Name		School Phone:
Location of Incident		Police Report #
Date of Incident: mm/dd/yy		Time of Incident: hr/min/am-pm
NOTIFICATION: Yes No Phone Box FAX		
Nurse or Health Services 6439412 7	64 3992028	First Aid Provided:
Parentr Emergency Contact		First Aid Provider :
911 🗌		Instructor/Supervisor on duty:
Communication Office 6439145 7	04 3992058	Area of Body Involved :
Human Resources	70 3992016	How did person leave site (car, ambulance, etc.)
Safe Schools Office	3992-020	
District Security Office	23 3992014	Time Person left :
Risk Management	340 39 2 071	Who person left with:
Police	'1 CO5245115	Does person have insurance :
Other:		
Area Assistant Superintendent		List witnesses: attach witness statements
AREA I - WEST □ □ 6439449 7	18 3992024	
AREA II - CENTRAL 6439009 7	18 3992024	
AREA III - EAST	18 3992024	
PERSON (S) INVOLVED		

Name: (Last, First, Middle)

Student