

Sunflower County Consolidated School District

Mrs. Miskia Davis, Superintendent

"United For Excellence"



INCIDENT REPORT

CHECK ALL THAT APPLY: ☐ FILE ONLY ☐ CLAIM

REPORT OF INJURY/ILLNESS/ACCIDENT

NAME _____

ADDRESS _____

DATE OF INCIDENT _____ TIME _____

LOCATION _____

DESCRIBE INCIDENT IN DETAIL: (attach any additional documentation and use additional page if necessary)

Signature (Person describing incident): _____ Date _____

INCIDENT REPORTED TO _____ DATE _____ TIME _____

INCIDENT INVESTIGATED BY _____ DATE _____ TIME _____

PARENT/CAREGIVER NOTIFIED (if applicable) _____ DATE _____ TIME _____

PRINCIPAL/DIRECTOR STATEMENT _____

PRINCIPAL/DIRECTOR _____

DATE _____

**THIS REPORT MUST BE COMPLETED AND SUBMITTED TO THE CENTRAL OFFICE WITHIN
24 HOURS (NEXT BUSINESS DAY) OF INJURY, ILLNESS, OR ACCIDENT**