

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