

**Solvay Union Free School District  
ACCIDENT/INCIDENT REPORT**

<b>Date of Incident:</b>	
<b>Time of Incident:</b>	
<b>Description of Incident:</b>	
<b>Location of Incident:</b>	
<b>Surface Conditions:</b>	
<b>Authority Contacted, <i>if applicable</i></b>	
<b>Injured Person:</b>	
▪ Name	
▪ Address	
▪ Phone Number	
<b>Signs/Symptoms of Injury:</b>	
<b>First Aid given:</b>	
<b>Where Taken for Medical Treatment, <i>if applicable</i></b>	
<b>Transportation to Medical facility, <i>if applicable</i></b>	
<b>Witness Information, <i>if applicable</i></b>	
▪ Name	
▪ Address	
▪ Phone Number	
<b>Has the parent/guardian been contacted? (<i>This is required.</i>)</b>	<input type="radio"/> Yes, who? _____

\_\_\_\_\_  
Name of employee completing form

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal Signature

\_\_\_\_\_  
Date