



INCIDENT REPORT

Parent Copy

Child's Name (First and Last): _____

Date: _____ Time: _____

It happened: In the Middle Room In My Class On the Playground Other _____

What were the children doing when the incident occurred?

Brief description of the injury:

How was the situation handled?:

Teachers Present at time of incident: _____

Teachers Signature: _____

A copy of this information will be kept in your child's file. If this problem is continuous, we will request a parent-teacher conference to find other ways to solve the problem

INCIDENT REPORT

Office Copy

Child's Name (First and Last): _____

Date: _____ Time: _____

It happened: In the Middle Room In My Class On the Playground Other _____

What were the children doing when the incident occurred?

Brief description of the injury:

How was the situation handled?:

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Teachers Signature: _____