

PLAINFIELD PUBLIC SCHOOLS
PLAINFIELD, NEW JERSEY 07060

ACCIDENT REPORT FORM

SCHOOL: _____ DATE: _____

Date of Accident: _____ Time of Accident: _____

Name or Injured Pupil: _____

Age: _____ Grade: _____ Teacher: _____ Room # _____

Name of Parent or Guardian: _____

Address: _____

Telephone Number: _____

STATE DETAILS AS TO HOW THE ACCIDENT OCCURRED

WHAT ACTION WAS TAKEN:

School Nurse

Principal's Signature

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INCIDENT REPORT FORM

SCHOOL: _____ DATE: _____

DATE OF INCIDENT: _____ TIME OF INCIDENT _____

NAMES OF INDIVIDUALS INVOLVED (if any)

DESCRIPTION OF INCIDENT (Including Action Taken)

Administrator Delivering Incident Report: _____

Person Monitoring Incident Report: _____

Phone Message Taken By: _____