

# STUDENT Incident Report

<b>School Name:</b>		
<b>Student Name:</b>	Age:	Grade:

Date of incident:	Time of incident:
Location of incident:	
Description of Injury:	
Brief Account of Incident:	
First Aid Administered:	Administered By:
Other Treatments: (hospital/clinic/ambulance)	
Parent Contacted:	Time of Contact:

Supervisor(s)/Teacher(s)	Name:	Phone:
	Name:	Phone:
Witness(es)	Name:	Phone:
	Name:	Phone:

Reported Submitted by:	Signature:	Date Submitted:
Signature of School Administrator:		
Date/Time Emailed to Central Office:		

**Please keep original copy in school file. Email copy to Central Office: [stockerL@lrsd.ab.ca](mailto:stockerL@lrsd.ab.ca) or fax 403-553-0370**