

**MARYVILLE R-II SCHOOL DISTRICT  
PRINCIPAL'S REPORT OF SCHOOL INCIDENTS**

(Please use black ink & file **IMMEDIATELY** with the Superintendent of Schools on all accidents or injuries at the school nurse's discretion.)

**Date & Time of Incident** \_\_\_\_\_

**Name of Person Involved in Incident** \_\_\_\_\_ **Birthdate** \_\_\_\_\_

**Name of Parent/Guardian** \_\_\_\_\_

**Place of Occurrence** \_\_\_\_\_

**Activity Engaged In** \_\_\_\_\_

**Teacher/Sponsor of Activity** \_\_\_\_\_

**Description of Incident** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Was Individual Disobeying any Rules at Time of Incident?** \_\_\_\_\_

**Describe Injury** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Describe First Aid Administered & by Whom** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Time Parent/Guardian Notified** \_\_\_\_\_ **School Nurse Notified** \_\_\_\_\_

**Injured to Doctor** \_\_\_\_\_ **Injured Home** \_\_\_\_\_ **Injured Returned to Activity** \_\_\_\_\_

**Report Submitted By** \_\_\_\_\_ **Date** \_\_\_\_\_

**Principal Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Superintendent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_