



SILVER CREEK CENTRAL SCHOOL DISTRICT

P. O. Box 270 ~ Silver Creek, NY 14136
Area Code 716-934-2603 ~ Fax 716-934-2103
Website: www.silvercreekschools.org

STUDENT INCIDENT REPORT

Instructions:

1. Complete incident report and submit to school nurse as soon as possible. If incident occurs outside regular school hours, submit form to school nurse no later than 8 a.m. the following school day.
2. School nurse to document the injury, the treatment, and contact parent/guardian
3. School principal will be notified, will review/sign report and return to school nurse.

Today's Date: _____

1. Date of Incident: _____ 2. Time of Incident: _____
3. Name: _____ 4. Date of Birth: _____ 5. Grade: _____
6. Parents Name: _____ 7. Phone: _____
8. Address: _____

9. Place where Incident occurred: _____
10. Activity when incident occurred: _____
11. Interscholastic Sport: _____
12. Name of Person in Supervisory Capacity: _____
13. Supervisory Person's Remarks: _____

Supervisory Person's Signature: _____

14. Two witnesses of incident: _____
15. Disposition of student: Nurse _____ Doctor/ER _____
Home _____ Other _____

16. Nature of Injury: _____

17. Treatment rendered: _____

Treated by: _____

18. Parent Notified: Date _____ Time _____ By: _____

Notes from conversation with parent(s): _____

19. Incident Reported by: _____

20. Principal Signature: _____

21. Date claim form to parents: _____

District Mission:

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linking today's learning to tomorrow's possibilities.*

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