

**SHARON COMMUNITY SCHOOL
STAFF INCIDENT REPORT**

Name of Injured:

Date of Injury:

Time of Injury:

Describe in detail how the injury occurred:

Where did injury occur?

Part of body injured:

Whom was injury reported to: Date/Time:

Was First Aid Administered: Yes No

If yes, what type of First Aid?

Administered by whom:

Referred to Doctor: Yes No

Police Enforcement: Yes No

Person completing this form: _____ Date: _____

Reviewed by: _____ Date: _____
(Administrator's Signature)