

UNUSUAL OCCURRENCE REPORT

**INSTRUCTIONS: REPORT ANY UNUSUAL INCIDENT/OCCURRENCE ON THIS FORM
KEEP COPY OF REPORT ON FILE.**

SCHOOL _____

NAME OF CHILD _____

INCIDENT LOCATION: _____

TIME AND DATE OF INCIDENT: (be specific and use back of sheet for further explanation and diagram)

TEACHER ON DUTY _____

DESCRIBE HOW INCIDENT OCCURRED: _____

(Use back of sheet for further explanation and diagrams, if necessary)

DESCRIBE NATURE OF INCIDENT AND CHILD'S CONDITION _____

STATEMENT FROM STUDENT _____

	WITNESS	ADDRESS	PHONE#
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

WERE PARENTS NOTIFIED _____ **WAS STUDENT TAKEN TO DOCTOR OR HOSPITAL** _____

DOCTOR'S NAME _____ **HOSPITAL** _____

BY WHOM TRANSPORTED _____

FOLLOW-UP ON INCIDENT: _____

REPORTED BY _____

REVIEWED BY (PRINCIPAL OR DESIGNEE) _____

REVIEWED BY DISTRICT NURSE (if it's a health issue) _____

DATE REPORT FILED _____