REPORT OF INCIDENT OR STUDENT ACCIDENT (RSK-F103A)

TYPE: ☐ Student Accident or Incident ☐ Incident (Visitor / Property) ☐ Employee Accident/Injury						
School Name					School Phone:	
Location of Incident					Police Report #	
Date of Incident: mm/dd/yy					Time of Incident: hr/min/am-pm	
NOTIFICATION :	Yes	No	Phone	Box	FAX	
Nurse or Health Services	☐	☐	643-9412	764	399-2028	First Aid Provided:
Parent or Emergency Contact	☐	☐				First Aid Provider :
911	☐	☐				Instructor/Supervisor on duty :
Communication Office	☐	☐	643-9145	704	399-2058	Area of Body Involved :
Human Resources	☐	☐	643-9050	770	399-2016	How did person leave site (car, ambulance, etc.)
Safe Schools Office	☐	☐	643-7990	821	399-2020	
District Security Office	☐	☐	643-7444	823	399-2014	Time Person left :
Risk Management	☐	☐	643-9421	840	399-2071	Who person left with :
Police	☐	☐	City 264-5471	CO	5245115	Does person have insurance :
Other :						
Area Assistant Superintendent						List witnesses : attach witness statements
AREA I - WEST	☐	☐	643-9449	718	399-2024	
AREA II - CENTRAL	☐	☐	643-9009	718	399-2024	
AREA III - EAST	☐	☐	643-9411	718	399-2024	
PERSON (S) INVOLVED						
Name: (Last, First, Middle)			Student			