

**KNOX COUNTY SCHOOLS  
ACCIDENT/INCIDENT REPORT**

This form shall be filled out for any happening which is not consistent with the routine operation of the school.

Location of Incident: \_\_\_\_\_  
Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_ p.m. \_\_\_ a.m.

Please list names of all individuals involved and their relationship to the school program:  
(student, staff, parent, visitor, etc.)

- |          |          |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

Description of Incident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State Action Taken: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name(s) of Witness (es): \_\_\_\_\_  
\_\_\_\_\_

Was any involved person (s) injured?	Yes	No
If yes, was first aid given?	Yes	No
By Whom? _____		

Name		
Was the person(s) seen by a physician?	Yes	No
Were the parents, guardian, or next of kin notified of the incident?	Yes	No

How to Prevent Recurrence: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Report: \_\_\_\_\_

\_\_\_\_\_  
Title & Signature of Person Preparing Report

Make out one report and send to the Superintendent's office within 24 hours or by the next working day.

\_\_\_\_\_  
Supervisor's Signature