

MASON COUNTY EASTERN SCHOOLS

ACCIDENT-INCIDENT-REPORT

Name:

Address:

City:

State: Zip:

School:

Female Male Age: Grade:

Parent or Guardian Contacted: Yes No

What action did parent take?

Nature of Injure and Part of Body Injured:

Location of Accident (Be Specific):

Name/Title of Person in Supervision:

Cause & Description of Accident:

Prime Witness Name:

Witness Phone Number:

Property Damage:

Describe Action Taken:

Report Prepared by: _____ Date: _____

Principals Signature: _____ Date: _____

Note: Parent's insurance is primary and the school's insurance is secondary & only catastrophic.
Injuries during athletic practices and games are not covered.