

MILFORD PUBLIC SCHOOLS

Incident/Accident Report for General Public

NOTE: Keep school/office file copy and forward the original (with any back up material) to the Operations Office, Parsons Complex

School/Office: _____ Date of Incident: _____ Time: _____

Name of Injured: _____ Home Address: _____

Name of Parents (if minor): _____

Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____

Was injured a parent/visitor/other (please indicate): _____

Witnesses: Name: _____ Address: _____ Ph. #: _____

Name: _____ Address: _____ Ph. #: _____

Who was injured person referred to?

Nurse: _____ Phone: _____

Doctor: _____ Address: _____ Phone: _____

Hospital: _____ Address: _____ Phone: _____

Incident/Accident: Please state, in detail, exactly where in the building or where on the grounds the incident occurred. What happened, what was injured doing and how it happened.

Signature of Witness(es):

Type of injury reported (be specific): Right [] Left []

Tell what steps have been taken to prevent an incident/accident of this type from re-occurring. Also, recommendations concerning the elimination of the hazard, if any, which caused the incident/accident.

Who was notified regarding the hazard? _____ When? _____

Does this accident/incident involve a chemical spill: YES [] NO []

Is this accident/incident have a potential BBP Exposure: YES [] NO []

SIGNATURE OF PRINCIPAL

Date