Accident/Incident Report  
The Geneva School  
Winter Park, Florida  

Name of Student/Staff/Visitor (circle one): ___________________________ Grade _____

Date of Accident/Incident: ___________ Time of Accident/Incident: _______ am/pm

Where did the accident/incident occur? ____________________________________________

Describe what happened: _______________________________________________________

________________________________________________________________________

Were there any unusual conditions? _____________________________________________

Witness(es) to the incident: ___________________________________________________

Nature of injury: ______________________________________________________________

________________________________________________________________________

Describe actions taken: _________________________________________________________

________________________________________________________________________

________________________________________________________________________

Who were above actions taken by? ____________________________________________

Who was notified and what time? ______________________________________________

Was student sent to an urgent care clinic, a hospital emergency room? ______________

If follow-up care was required, who transported student? __________________________

Name of person submitting report: ___________________________ Date _____________

**Please submit a copy of this form to The Geneva School, ATTN: Lou Jones, School Nurse**