

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**