McGOWAN
INSURANCE GROUP

School Incident/Accident Report Form

1. General Information

Date of Report: _____

Time of Report: _____

Reported By (Name & Role): _____

Date/Time of Incident: _____

Location of Incident: _____

Type of Incident (check one):: _____

- Accident (Injury)
- Behavioral Incident
- Property Damage
- Near Miss
- Other: _____

2. People Involved

A. Injured/Impacted Person

Full Name: _____

Role (Student / Staff / Visitor): _____

Age/Grade (if student): _____

Contact Info (if applicable): _____

Was First Aid Administered (Yes/No): _____

By Whom: _____

Describe Treatment: _____

B. Witness(es)

Name	Role	Contact Info

3. Description of Incident

Detailed Description (What happened?):

_____

_____

Cause of Incident (if known):

_____

Weather/Environmental Conditions (if applicable):

_____

4. Injury/Impact Details (if applicable)

Nature of Injury:

- Bruise
- Cut/Scratch
- Burn
- Fracture/Sprain
- Head Injury
- Other: _____

Part of Body Affected: _____

Severity of Injury: - Minor - Moderate - Severe

Was Emergency Services Called (Yes/No): _____

Name of Service & Time Called: _____

5. Action Taken

Immediate Action Taken: _____

Parent/Guardian Notified (Yes/No): _____

By Whom & When: _____

Was Incident Escalated/Reported to Administration (Yes/No):

_____

Name of Administrator Notified: _____

6. Follow-Up & Preventive Measures

Recommended Follow-Up Actions: _____

Steps to Prevent Recurrence: _____

Person Responsible for Follow-Up: _____

7. Signatures

Reporting Staff Signature: _____

Date: _____

Administrator Signature: _____

Date: _____

Parent/Guardian Signature (if required): _____

Date: _____