STUDENT ACCIDENT REPORT

Student Name	Date of Incident
Program	Location of
Area	Incident Time of
Instructor	
Describe incident: include names of those invol	ved and immediate action taken
	Signature of individual completing report and position
I witnessed the incident and the above state	ement describes the incident and action taken.
Signature	Signature
Follow up to incident: Safety procedure reviewed (school, when return to class, medical procedure re-	(changes needed). Results of incident – (student miss quired

This report is to be completed the day of the incident and sent to the Career & Technical Education Director.