



RIVER VALLEY SCHOOL DISTRICT

660 West Daley Street

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Spring Green, Wisconsin 53588

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Phone: 608-588-2551

724 Exhibit

Accident/Incident Report

Name: _____ School: _____

Circle one: Staff Student Date of Accident: _____

Exact Time of Accident: _____ Location of Accident: _____

Describe Accident (How did it occur and what was person doing?): _____

Describe the Injury and the Location on the Body (i.e. head, leg, hand): _____

Was immediate first aid given? Yes No By whom? _____

Was treatment given at health service? Yes No By whom? _____

Date: _____ Time: _____

Was treatment given at hospital? Yes No By whom? _____

Date: _____ Time: _____

Other persons present at time of accident: Name: _____

Name: _____ Name: _____

List any other pertinent facts: _____

Staff Member Present at Time of Accident: Name: _____ Signature: _____

Person Filing Report: Name: _____ Signature: _____

Building Principal: Name: _____ Signature: _____

School Nurse: Name: _____ Signature: _____

Human Resources (Staff Incidents Only): Name: _____ Signature: _____

Upon completion of this document and emailing it to the Business Manager at the District Office, the employee should immediately call EMC Insurance OnCall Nurse at 1-844-322-4668 for liability purposes.

APPROVED: May 12, 2016

REVISED: February 13, 2020

APPROVED: March 12, 2020