



# RIVER VALLEY SCHOOL DISTRICT

660 West Daley Street      ≈      Spring Green, Wisconsin 53588      ≈      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: \_\_\_\_\_

\_\_\_\_\_

<b>Staff Member Present at Time of Accident:</b>	Name: _____	Signature: _____
<b>Person Filing Report:</b>	Name: _____	Signature: _____
<b>Building Principal:</b>	Name: _____	Signature: _____
<b>School Nurse:</b>	Name: _____	Signature: _____
<b>Human Resources (Staff Incidents Only):</b>	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