



Union County Educational Services Commission
Student Accident & Incident Report

Student's Name Last First DOB Age

Address

School/Program Date of Accident Time of Accident

Date accident reported to teacher in charge

Witnesses

Exact location of accident

Please provide details of accident.

Signature of person in charge at time of accident Date

THIS SECTION TO BE COMPLETED BY THE NURSE

Nature and extent of injury

Was first aid given? If yes, please detail.

Parent/Guardian consulted

Was doctor or dentist consulted? If yes, please provide name and address.

Signature of Nurse Date

Signature of Principal/Director Date