



ACCIDENT OR MEDICAL EMERGENCY REPORT

*File in Student Record and send copy to Executive Director within 24 hours.
For Montgomery Students, please send a copy to the LSS Representative within 24 hours.*

Name of Student: _____
Home Address: _____
Date Injury or Incident Occurred: _____ Time: _____
Date of Incident Report: _____ Site: _____
Name of staff completing Report: _____

Describe the incident and how it occurred:

Were other adults/staff present at the scene of the incident? _____ YES _____ NO

Names : _____

First Aid given? _____ YES _____ NO By Whom? _____

What immediate action was taken

Who was notified of incident? _____

Was parent notified of incident? _____ YES _____ NO How? _____

When? _____ By Whom? _____

Was a doctor notified? _____ YES _____ NO

Was the individual taken to a hospital or treatment center? _____ YES _____ NO

Where? _____

How was the individual transported? _____

By Whom? _____ Date & Time: _____

Supervisor: _____ Date _____

Date Faxed to Executive Director: _____

Date Received by Executive Director: _____

Signature of Executive Director: _____

Date Sent to MCPS Representative: _____

School: _____