BONITA ELEMENTARY DISTRICT #16

Accident/Incident/Illness Report

Name _____ Address _____

Age or grade _____ Parent's name _____

Date of incident   Time
_____   _____

Place   Witness
_____   _____

Description of incident

_____

_____

_____

First aid given

_____

_____

_____

Parent notification

_____

_____

(Person reporting incident)
_____

(administrator or Acting Supervisor)

_____

_____

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