CENTRAL SQUARE CENTRAL SCHOOL DISTRICT

44 School Drive
Central Square, NY 13036
PHONE 315.668.4220 x70219

STUDENT INCIDENT REPORT

Name of School:			
Name of Injured Student:			
Sex: ○ M ○ F	Age:	DOB:	Grade:
Address of Injured:			Telephone #:
Date of Incident:	Time:	Location:	
Time Parent Notified:	Parent/Guardian Name:		
Physician? ○ Yes ○ No	Date:		
Student Able to Return to Class? ○ Yes ○ No			

Describe what happened (how it happened):	
Describe the injury and the first aid given:	
Signature of School Nurse:	Date:

Name of Witness:	
Address:	
Telephone #:	Position: