

**STUDENT ACCIDENT/EMERGENCY INCIDENT**  
**West Fargo Public School**

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Date of Incident \_\_\_\_\_ Approximate Time \_\_\_\_\_

Description of Incident \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Where did the Incident Occur? \_\_\_\_\_

Nature of Injury \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attention Given to Injury \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Head Injury Report: Yes No

911 Called: Yes No Parent Called: Yes No

Person Documenting Incident \_\_\_\_\_

Principal Signature \_\_\_\_\_