

Memphis Shelby County Schools Student/Visitor Incident Report Form

In the event that a student or visitor is injured while on school and/or MSCS property, this form should be completed and sent to Jeri Rudolph in Risk Management. Completed forms may be sent via email to rudolphjl@scsk12.org or faxed to (901) 416-1483. Whenever possible, accident reports should be completed and submitted on the date of the accident.

Accident reports should be as detailed as possible. If a student or visitor is injured due to a health or safety issue, details regarding the hazard **MUST** be included. It is Risk Management's goal to correct any health or safety hazards as quickly as possible to avoid future accidents, thereby providing a safe learning & work environment.

Student or Visitor?	Student	Visitor			
School/Location Name:					
Date of Report:	Dat	e of Incident:		Time of Incident	:
Student Name:			Stu	ident SSN:	
Gender: Select	Date of Birth:		Grade:		
Parent/Guardian Name:					
Home Address:					Apt:
City:			S	State:	Zip:
Home Telephone Numbe	ome Telephone Number: En			t Number:	
Location Where Incident Occurred: Select					
Injury or Illness?	Injury	Illness			
Body Part(s) Injured:			Injury Type(s):		Illness:
Give a clear description of the incident and how it occurred:					
Witness Information – Name/Contact Number (leave blank if no witness):					
Check Appropriate Action Required: No Treatment Needed – Returned/Remained in class First Aid Primary Care Doctor Ambulance Required Emergency Room (parent/guardian transport) Checked-Out/Taken Home					
If First Aid was administe describe what type & by	-				
Parent/Guardian Contact	ed: Yes	No			
Response of Parent/Guardian:					
Did this incident occur during athletic sports?					
If Yes, please select the sport: Select					
Report Prepared by:					
Reporting Location Comments:					

TEACHERS: This form should be submitted to the main office for entry into the online Student Accident Reporting system.