

**TRITON SCHOOL CORPORATION
100 Triton Drive
Bourbon, IN 46504**

Report of Student Accident / Injury

To be Completed by Staff Member Witnessing Accident / Incident:

Student Name: Grade:

Staff Member Name / Position:

Date of Accident / Injury: Time: AM

Date Reported: Time: AM

Description of Accident / Incident:

Injury Details:

Medical Treatment Required:

Please complete this form immediately following the accident / incident and forward to the supervisor / administrator.

Supervisor / Administrator Signature: _____ Date: _____