

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

**Report of Student Accident / Injury**

**To be Completed by Bus Driver:**

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: \_\_\_\_\_