Minnetonka Public Schools

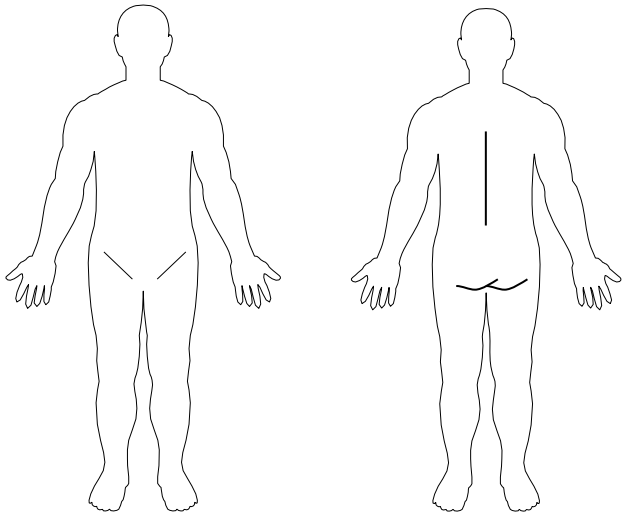
Student & NON-EMPLOYEE Accident/Incident Report

Note: Submit a copy of this report within 24 hours to the Business Office if student incident necessitates the student leaving for medical treatment. Forward ORIGINAL report to: Coordinator of School Health Services c/o MCEC.

Date of Incident:	**Time of Accident/ Incident: _____ ☐am ☐pm**		
Name:	Student: ☐Yes ☐No	Grade	DOB
If person involved is a student, was parent/guardian contacted? ☐Yes ☐No			
Name of parent/guardian/etc. contacted:			
If not a student, please provide phone number and address: Phone number: (_____) _____ - _____ Address: _____			

Describe exactly what happened. Include details pertaining to equipment, environment, etc.:

Describe the injury, symptoms, location of injury, etc. using the diagrams to the right:



DESCRIBE FIRST AID GIVEN:

ACTION TAKEN:		
Called 911 ☐	Transported by:	Name of hospital:
Sent home with parent/guardian/emergency contact:		
Suggestions to Parents for Follow-Up Care: ☐Check with Doctor ☐Other:		

Additional comments (use back if necessary):

Submitted by (print name and sign)**:**		
Job title of person submitting:	Building:	Date submitted:
Building Principal Signature:		Date:
Licensed School Nurse Signature:		Date: