



SHAWANO SCHOOL DISTRICT  
**INCIDENT/ACCIDENT REPORT FORM**  
**COMMUNITY GROUPS USING FACILITIES**  
 (IF MORE ROOM IS NEEDED USE BACK OF FORM)

Date of incident: \_\_\_\_\_

Time: \_\_\_\_\_ a.m. p.m.

School: \_\_\_\_\_

1. Name: \_\_\_\_\_  Male  Female

ADULT: Age \_\_\_\_\_ MINOR: Age \_\_\_\_\_ Grade \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

If minor (under 18) were parents notified?  Yes  No

By whom? \_\_\_\_\_ When? \_\_\_\_\_

2. Detailed Incident Description (what was person doing and what type of activity)

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

Specific location where Incident occurred: \_\_\_\_\_

Witness (if any) Name/Address/Phone: \_\_\_\_\_

\_\_\_\_\_

3. Was person injured?  Yes  No  \*No medical attention was desired and/or required.

Description of injury (state body part affected and how it was affected): \_\_\_\_\_

\_\_\_\_\_

Head Injury?  Yes  No If YES give 'Head Injury Form' Given Head Injury form?  Yes  No

Injury requires physician/hospital visit?  Yes  No

If yes, name of physician/hospital: \_\_\_\_\_

4. Could anything have been done to prevent this incident/injury?  Yes  No

If yes please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Group Representative/Supervisor Reporting Incident

Date



**Return this form to Community Education Office within 24 hours of incident.**

SCE Office, Shawano Community Middle School, % Sandi Kane, 1050 S Union Street, Shawano, WI 54166

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