## Monmouth County Vocational School District Incident/Accident Report Form

## Forward Immediately to the Superintendent

Check One:	Student:	Employee:	Visitor:			
Injured Per	son					
-	Name:Address:			Age:	Sex:	
				Marital Status:		
-						
Accident Inf	formation					
				Campus:		
Descr		dent occurred:				
Was t	he equipment/en	vironment unsafe? Y				
If no,	please explain:	ng and/or using appr				
		oriately instructed an mented? Yes No_				
_	Vame					
THIS SECTION	ON TO BE COMPL	ETED BY THE SCHO	OL NURSE/STAF	F MEMBER	RENDERING AID	
Intervention	ns/Care Rendere	d:				
•		es No Time:	•			
was the stuc	ient (circle) Sent h	nome Sent to physic	cian Sent to hospi	ital Ketur	ned to class	
School Nurse	e Signature/Staff N	Member	Date			
Principal Sig	nature		Date			