

**NON-EMPLOYEE****INCIDENT REPORT FOR KEANSBURG BOARD OF EDUCATION**

Please use this form to report all **non-employee** accidents and injuries. Forward to Margaret LaFoe. All incidents requiring medical treatment beyond the school nurse **must** be forwarded within 48 hours.

Please type or print clearly.

Incident Date: \_\_\_\_\_ Time of Incident: \_\_\_\_\_ Report Date: \_\_\_\_\_  
How Reported: ☐ Phone ☐ In Person ☐ Other \_\_\_\_\_  
Name: \_\_\_\_\_ ☐ Student ☐ Non-student

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Student Injury Information: \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School: \_\_\_\_\_

Exact Location of Incident: \_\_\_\_\_

Description of Incident: \_\_\_\_\_

Witness: \_\_\_\_\_  
(Name) (Address) (Phone Number)

Description of Injury: \_\_\_\_\_

Treatment of Injury by: ☐ School Nurse Only ☐ Doctor/Hospital/Medi-Center ☐ None

Treatment given on-site: \_\_\_\_\_

ADDITIONAL REMARKS: \_\_\_\_\_

Supervising Adult/First Responder \_\_\_\_\_ Nurse \_\_\_\_\_ Principal/Administrator \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date