

**MOUNT PLEASANT COTTAGE SCHOOL UNION FREE SCHOOL DISTRICT  
ACCIDENT/HEALTH EMERGENCY REPORT**

## 1) INFORMATION ON THE ILL/INJURED PARTY

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Grade: \_\_\_\_\_

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

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

## 2) INFORMATION ABOUT THE INCIDENT

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

Brief Summary of what occurred: \_\_\_\_\_  
\_\_\_\_\_Any witnesses? Yes  No  (If Yes, supply name(s) and contact information)

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## 3) INFORMATION ON EMERGENCY MEDICAL SERVICES (EMS)

Was call made? Yes  No  Time of EMS call: \_\_\_\_\_ Time of EMS arrival: \_\_\_\_\_

Who called EMS Services? (Provide person's name and title, as applicable): \_\_\_\_\_

EMS' aid or response:  
(check as applicable)

Ill/Injured person transported to hospital

Ill/Injured person refused EMS transfer to hospital

Released to parent (if a student) for:

Personal physician consultation

Emergency Room care/consultation

Home care

## 4) PARENT/GUARDIAN NOTIFICATION (IF A STUDENT)

Yes  No  Unable to reach  Time: \_\_\_\_\_Will meet at hospital Emergency contact called  Unable to reach 

Comments: \_\_\_\_\_

## 5) DISTRICT REVIEW FOLLOW-UP TO INCIDENT

School Principal notified? Yes  No 

If yes, supply name(s) and details: \_\_\_\_\_

School Physician and/or School's registered Professional Nurse notified? Yes  No 

If yes, supply name(s) and details: \_\_\_\_\_

Incident de-briefing meeting held? Yes  No 

If yes, supply details: \_\_\_\_\_

Name (and title, as applicable) of person making this incident report: \_\_\_\_\_

Date of this report: \_\_\_\_\_