

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

**Forward Immediately to the Superintendent**

**Check One:** Student: \_\_\_\_\_ Employee: \_\_\_\_\_ Visitor: \_\_\_\_\_

**Injured Person**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
Address: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
\_\_\_\_\_

**Accident Information**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Campus: \_\_\_\_\_  
Address: \_\_\_\_\_  
Describe fully how accident occurred: \_\_\_\_\_  
\_\_\_\_\_

Was the equipment/environment unsafe? Yes \_\_\_ No \_\_\_ If yes, please explain below:  
\_\_\_\_\_

Was the student wearing and/or using appropriate safety supplies/equipment? Yes \_\_\_ No \_\_\_  
If no, please explain: \_\_\_\_\_

Was the student appropriately instructed and evaluated on proper safety procedures and  
evidence of this is documented? Yes \_\_\_ No \_\_\_ If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

**Staff Member Supervising Student/Completing Form:** \_\_\_\_\_

**Witnesses:** \_\_\_\_\_  
\_\_\_\_\_  
Name Address

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**THIS SECTION TO BE COMPLETED BY THE SCHOOL NURSE/STAFF MEMBER RENDERING AID**

**Assessment of Injury:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Interventions/Care Rendered:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parent/Guardian Notified:** Yes \_\_\_ No \_\_\_ Time: \_\_\_\_\_ By whom? \_\_\_\_\_

Was the student (circle) Sent home Sent to physician Sent to hospital Returned to class

\_\_\_\_\_  
School Nurse Signature/Staff Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal Signature

\_\_\_\_\_  
Date