## **STUDENT INCIDENT FORM**

Garrett County Board of Education 770 Dennett Road Oakland, MD 21550 301-334-8929 (T) 301-334-8066 (F)

School Location:		
Student Full Name:		
Grade:		
Date of Incident:		
Time of Incident:		
Details of Incident:		
Practices or safety equipment in use at the tir	me of the incident (if applicable):	

Name of Witness(es):	Contact Phone Number
1	<u> </u>
2	
3	
4	
5	<del></del>
Notified Principal/Supervisor:	
TIME: DATE:	
Person Submitting Report:	
Signature of Principal:	
COPIES TO: RISK MANAGEMENT, UNDER HR D Sleeman) and CC Gloria Smith.	PEPARTMENT (Jane Wildesen and Rebecca
Jane/Rebecca will determine if the form shou on the type of injury:	ld go to the following departments below based

**Maintenance & Operations Department** 

**Student Services** 

School File