

**Alden Central School**  
**STUDENT/VISITOR INCIDENT REPORT**



**Student/Visitor name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Home address:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

\_\_\_\_\_

**ALLEGED INCIDENT INFORMATION**

**Date of incident:** \_\_\_\_\_ **Time of incident:** \_\_\_\_\_

**Building/Facility/Location:** \_\_\_\_\_

**Person supervising student (if applicable):** \_\_\_\_\_

**Reported to you by:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Describe how the alleged incident occurred:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please describe alleged injury (Include part of body):** \_\_\_\_\_

\_\_\_\_\_

**Name/Telephone/Address of any witnesses (Please indicate if none):** \_\_\_\_\_

\_\_\_\_\_

**Describe first aid rendered (Please indicate if none):** \_\_\_\_\_

\_\_\_\_\_

**Did student/visitor remain in school remainder of day/activity?** \_\_\_\_\_

**Did student receive ambulatory care or medical attention by a doctor or hospital?** \_\_\_\_\_

**If yes, describe medical attention (name/address/telephone #). If unknown, please state:**

\_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

**Person contacted:** \_\_\_\_\_ **Relationship to student/visitor:** \_\_\_\_\_

**Contacted by:** \_\_\_\_\_ **Date of contact:** \_\_\_\_\_ **Time of contact:** \_\_\_\_\_

**If emergency contact was not contacted, please state reason:** \_\_\_\_\_

\_\_\_\_\_

**Completed by (name):** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Reviewed by (name):** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_