SOUTH ATLANTIC CONFERENCE

SCHOOL ACCIDENT/INCIDENT REPORT	When completed, send a copy of this form to:
IMPORTANT – This form should be completed in full and submitted promptly and a copy kept on file in the school office.	South Atlantic Conference Education Department 3978 Memorial Dr. Decatur, GA 30032
PLEASE COMPLETE THIS FORM FULLY TO AVOID DELAY IN PROCESSING	

PART I - Verification by School Officials

Name of School:			
Address of School (Street)	(City and State)		(Zip)
☐Accident	☐ Incident		
Name of injured or involved: Last First Initial		Grade	Age

PART II - Accident

Date of accident: 20__	Time of incident: □AM □PM

ACCIDENT (use reverse side if necessary)	Time school started on Day of Accident:	Time Dismissed:
	Description of Accident: How and Where did it occur? □AM □PM	
	Description of Activity (If Athletics, Name sport and state if interscholastic, intramural, or other)	
INJURY	Describe injury	

Did accident happen while under the attended supervision of a teacher or other school official? □Yes □ No

If yes, list name and title of supervisor

_____

Name Title

PART III - Incident

Date of Incident: 20 __	Time of incident: □ AM □ PM
INCIDENT (use reverse, if necessary)	Description of incident: How and Where did it occur?

Signed: _____ Title _____ Date

This certifies that the above information is correct to the best of my knowledge

PART II Cont.....

Part III Cont.....