



YPW Spanish Immersion School Accident/Incident Report

Your child _____ was hurt at school on _____ at _____.
Child's name date time

(S)He was playing at _____ and _____.
location/activity briefly describe accident

Please look at _____
Area of the body hurt

The incident was seen by _____

The following action was taken _____

Action was taken by _____

Teacher/Witness _____/_____/_____
Date

Director _____/_____/_____
Date

Additional comments:

I verify that the director/person in charge appropriately relayed the information concerning the incident/injury concerning my child.
I have received a copy of this report.

Signature of Parent

Date Signed

One copy of this form should be placed in the child's file; another copy should be sent home for the parents