

**Lost River Career Cooperative**

**STUDENT ACCIDENT REPORT**

Student Name \_\_\_\_\_ Date of Incident \_\_\_\_\_  
Program Area \_\_\_\_\_ Location of Incident \_\_\_\_\_  
Instructor \_\_\_\_\_ Time of Incident \_\_\_\_\_

Describe incident: include names of those involved and immediate action taken

\_\_\_\_\_  
Signature of individual completing report and position

I witnessed the incident and the above statement describes the incident and action taken.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

Follow up to incident: Safety procedure reviewed (changes needed). Results of incident – (student miss school, when return to class, medical procedure required)

This report is to be completed the day of the incident and sent to the Career & Technical Education Director.