



River Bend Education District

1315 South Broadway Street

New Ulm, MN 56075

Ph (507) 359-8700 Fx (507) 359-1161

Staff Incident Report

Name: _____

Student(s) involved: _____

Date/Time: _____

Coordinator Contacted: YES NO

If No, why not: _____

Check one: Property Damage injury other

Location of incident: _____

Describe what happened /who was involved: _____

First Aid give Yes No By whom: _____

If Yes, what: _____

What did the injury look like? Where is it located?

Doctor/Physician: _____

Where (Hospital, Clinic, Home, Dr. Office, etc.) _____

Name, Date, & Time Parent/Guardian was contacted: _____

Person filling out report: _____

Witness: _____

Coordinator: _____