

**Beresford School District #61-2
Accident / Incident Report**

Name of the person completing the report: _____

Name of the injured: _____

Address of the injured: _____

Phone Number of the injured: _____

Name of Parent Contacted: _____

Date of Contact: _____

Time of Contact: _____

Date of Accident/Incident: _____

Time of Accident/Incident: _____

Location of Accident/Incident: _____

Type of Accident/Incident: _____

- Yes, there is a video recording of the Accident/Incident. The video recording has been archived.
- No, the Accident/Incident was not recorded.

Please provide a summary of the Accident/Incident: