



HEALTH OFFICE

**OTTER VALLEY UNION HIGH SCHOOL
2997 FRANKLIN STREET
BRANDON, VERMONT 05733
247-6833 X247 FAX 247-4627**

OTTER VALLEY UNION HIGH SCHOOL ACCIDENT/INCIDENT FORM

NAME: _____ Grade: _____

HOME ADDRESS _____

SEX: MALE/FEMALE DOB: _____ SS# _____

PARENT/GUARDIAN _____

PHONE#: _____

NOTIFIED: YES/NO BY WHOM _____

TIME OF INCIDENT/ACCIDENT: DATE _____ DAY _____

TIME _____ SCHOOL _____

LOCATION OF INCIDENT/ACCIDENT _____

DESCRIPTION OF INCIDENT/ACCIDENT _____

DESCRIPTION OF INJURY _____

TREATMENT/INTERVENTION _____

CORRECTIVE ACTION RECOMMENDED _____

SCHOOL NURSE NOTIFIED? YES ___ NO ___ By whom _____

DISPOSITION/FOLLOW UP RECOMMENDATIONS _____

Date of Report _____ Report Prepared by _____

