



BUFFALO PUBLIC SCHOOLS
CAREER & TECHNICAL
EDUCATION

BUFFALO PUBLIC SCHOOLS CAREER & TECHNICAL EDUCATION

ACCIDENT/INCIDENT REPORT

For use in student accident, injury, or incident during a work-based learning experience



Email Completed Form to: **Robert Harris, Director of Career & Technical Education**
Rpharris@buffaloschools.org
(716) 816-3700

PLEASE PRINT	Mentor must complete form in entirety.		PLEASE PRINT
Your Name & Job Title	Accident/Incident Date	Student Name	
	Age of Injured	School	
Address of incident	Time Occurred		
Location of Incident	Witness(s) Names:		
Any property damage Yes No	If yes, describe:		
Detailed Description of Accident. Include source/cause of Injury and specific body parts injured (i.e., wet floor). Use back if necessary			

What Treatment Was Given?

First Aid
 Sent Home
 Sent to a Physician
 Taken to the Emergency Room:

By whom: _____ By whom: _____

Treatment Given:

Name of Parent/Guardian Notified: _____ Date/Time: _____

Name of BPS District Representative Notified: _____ By Whom: _____

I (the employee) have completed this report and attest to its accuracy.

Employee Signature: _____ Date: _____