



Every Child Every Day

SUPERINTENDENT
TONYA HORNE-WILLIAMS

BOARD CHAIR DISTRICT 1
LINDA GEARHEART

VICE CHAIR DISTRICT 4
KEITH SMALLWOOD

MEMBER DISTRICT 2
DR. CHANDRA VARIA

MEMBER DISTRICT 3
WILLIAM NEWSOME, JR

MEMBER DISTRICT 5
STEVE SLONE

Consent Agenda Item (Action Item): Consider/Approve revisions to the Student and/or Visitor Accident/Incident Report to modernize, promote greater consistency, and maintain accident documentation, which, in turn, benefits the overall efficiency of the Floyd County Board of Education.

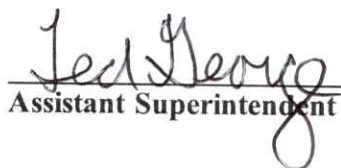
Applicable State or Regulations: Board Policy 01.11 General Powers and Duties of the Board

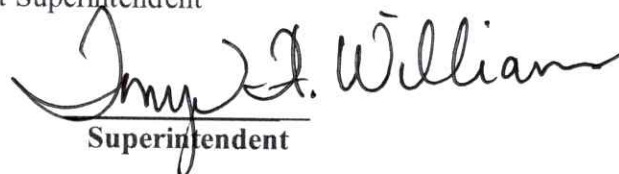
Fiscal/Budgetary Impact: **None.** The revision **does not** create any additional fiscal impact and **does not change** district policy or reporting requirements, only the format and usability of the reporting document.

History/Background: The current Accident Report form has been in use for several years and no longer meets the district's professional standards and reporting needs. The proposed revision modernizes the form by incorporating the Floyd County Board of Education's new logo, updating the layout and formatting, and improving the organization of information to make the document more intuitive and user-friendly. A cleaner, more organized format will also assist supervisors and district administrators in reviewing reports, conducting investigations, and maintaining complete records.

Recommended Action: Approve as presented.

Contact Person(s): Ted George, Assistant Superintendent


Assistant Superintendent


Superintendent

Date: July 20, 2026

The Floyd County Board of Education does not discriminate on the basis of race, color, national origin, age, religion, marital status, sex, or disability in employment, educational programs, or activities as set forth in Title IX & VI, and in Section 504.

442 KY ROUTE 550, EASTERN KY, 41622
TEL: 606.886.2354 FAX: 606.886.4550



Student and/or Visitor Accident/Incident Report

Revised – July, 2025

Date of Report: _____
Check One: Accident _____ or Incident _____
Student: _____ or Visitor: _____

- 1.) School Name, Address, & Phone: _____
- 2.) Date & Time of Accident/Incident: _____
- 3.) Name of Injured Individual: _____ Sex: _____ Age: _____ Telephone No.: _____
- 4.) Address of Injured Individual: _____
- 5.) Name of Parent/Guardian (if student): _____
- 6.) Type of Injury: _____
- 7.) Name(s) of Adult Supervisor(s) on Scene (Teachers, Monitors, etc.):
Name: _____ Position: _____
Name: _____ Position: _____
- 8.) If pertinent, describe weather conditions, physical plant and/or ground conditions, lighting, etc.: _____
- 9.) Machine, tool, or object which caused injury: _____
Was safety appliance or regulation provided? Yes _____ No _____ Was it in use at the time of accident/injury? Yes _____ No _____
- 10.) Person(s) involved (if NOT a student, indicate N/A for grade):

Name	Sex	Age	Grade	Address
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
- 11.) Comment(s) [include amount of damage done to property, if any]: _____
- 12.) Witnesses (if NOT a student, indicate N/A for grade):

Name	Sex	Age	Grade	Address
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
- 13.) Action taken: _____ Ambulance _____ Police Called _____ Arrival Time: _____ A.M. or P.M. Departure Time: _____ A.M. or P.M.
- 14.) Was First Aid given? _____ yes _____ no If so, by whom? _____
- 15.) Injured individual was taken to: _____ By Whom: _____
- 16.) Name of parent/guardian who was notified: _____ Relationship: _____
Response of notified person (include comment or instruction given): _____
- 17.) Description of Accident/Incident [factual data, statements, teacher's opinion, conclusions, recommendations]:

- 18.) Report completed by: _____ Position: _____

Principal / Department Head (Print Name)

Signature

- 1.) This form is to be used for the following: (a.) all student accidents/incidents, (b.) all visitor accidents/incidents, (c.) any time the police is called to campus.
- 2.) This form is **to be completed IN FULL**.
- 3.) Original must be sent to: Human Resources.
- 4.) A copy is to remain at the school.
- 5.) Accident/Incident Reports must be submitted NO LATER THAN 3 (THREE) WORKING DAYS after the accident/incident.