**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

Ted George
**Assistant Superintendent**

Tony L. Williams
**Superintendent**

**Date:** July 20, 2026



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# 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.