



POUGHKEEPSIE CITY SCHOOL DISTRICT

70 Forbus Street, Poughkeepsie, New York 12601

| Telephone (845) 451-4850 ext. 8 |

Peter Bianco, CAA

Executive Director of P.E., Health Services, Athletics and Recreation

Incident Report Form

Name of Staff/Student: _____ Date: _____

Address: _____

Phone: _____ Email: _____

Grade (if applicable): _____ Location of Accident: _____

Date of Accident: _____ Time of Accident: _____ *AM/PM*

Nature of injury: (Describe and fully indicate what body part was injured) i.e. Bruised right arm, Lacerated chin

Describe how the accident occurred: (Provide as much details as possible)

First Aid administered, if so what?: _____

Name and Title of Witness(s): _____

Signature: _____

Additional comments: