



## **STUDENT INCIDENT REPORT: ACCIDENT / EXPOSURE**

**DO NOT SEPARATE FORM:  
SEND ALL 3 FORMS TO LPVEC MAIN OFFICE WITHIN 24 HOURS OF ACCIDENT-INJURY**

**LPVEC OFFICE MUST BE NOTIFIED IMMEDIATELY**

**(at time of incident)**

Date of Report: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Accident: \_\_\_\_\_  
LPVEC Program: \_\_\_\_\_ Time of Accident: \_\_\_\_\_ : \_\_\_\_\_ a.m./p.m.

School Name & Address: \_\_\_\_\_  
How - Where Incident Occurred: \_\_\_\_\_

Description of Incident: \_\_\_\_\_  
\_\_\_\_\_

Description of Injury, if any: \_\_\_\_\_  
\_\_\_\_\_

Seen by school nurse: [  ]

Parent will be notified: [  ]

Treatment Provided: \_\_\_\_\_

**Please refer to the LPVEC Personnel Handbook, section Emergency Procedure Information-Students for further required steps.**

Witness(es) (Print ): \_\_\_\_\_

Statement(s) of Witness(es): \_\_\_\_\_  
\_\_\_\_\_

(PLEASE ATTACH ADDITIONAL STATEMENT - INFORMATION, IF NECESSARY)

Signature of Witness(es): \_\_\_\_\_

Person Completing Report (Print): \_\_\_\_\_ Position: \_\_\_\_\_

Signature: \_\_\_\_\_

(Z:\WPDOCS\FORMS\STUDENT ACCIDENT EXPOSURE.WPD\1\JC) Revised 07/01/06

**LOWER PIONEER VALLEY EDUCATIONAL COLLABORATIVE**

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