

Statement of Incident Form



Today's Date: _____

Name:	Relationship to Clever Bee Academy: <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Other: _____		Relationship to Incident:
Phone:	<input type="checkbox"/> Staff (Title): _____		<input type="checkbox"/> Involved <input type="checkbox"/> Witness
INCIDENT			
Date of Incident:		Time of Incident: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Address:			
Location Within Address (e.g. parking lot, room number, etc.):			
Description of Incident: Use the space below to describe the nature of the incident, injuries sustained or additional details. (Attach additional pages if needed)			
LIST OTHER PARTIES INVOLVED (Attach additional pages if needed)			
Name:	Relationship to Clever Bee Academy: <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Other: _____		Relationship to Incident:
Phone:	<input type="checkbox"/> Staff (Title) _____		<input type="checkbox"/> Involved <input type="checkbox"/> Witness
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Phone:	<input type="checkbox"/> Staff (Title) _____		<input type="checkbox"/> Involved <input type="checkbox"/> Witness
SUPERVISION			
List Manager on Duty at Closest Clever Bee Academy Location			
Name:		Location:	Phone:
EMERGENCY ACTIONS			
Called Police: <input type="checkbox"/> Yes, Report Number _____ <input type="checkbox"/> No		Called Ambulance: <input type="checkbox"/> Yes, Case Number _____ <input type="checkbox"/> No	
Police Department:		Hospital Name:	
CERTIFICATION			
I certify that the information documented above is true and accurate.			
Print Name:		Signature:	Date: