

Accident/Incident Report Follow-Up

(Non-Employee) Snohomish School District #201, Snohomish, WA 98290

Injured Party	Parent Name (If A Minor)	Is the Injured Party	Is the Injured Party	
		SSD Student	SSD Student Other	
Accident/Incident Date	Date Reported		Time of Accident/Incident	
Address	City	State	Zip	
Telephone Home:	Sex	Date of Birth	Age	
Work:	☐ Male ☐ Female			
Staff Member Completing the Original Accident Report		(If Student) School	Grade	
Please Document the Date, Time, Person Who Made the Follow-Up, Type of Follow-Up				
(I.E. Call, Email, Letter), Who Was Contacted and Results of The Follow-Up.				
Signature of Individual Completing the Follow-Up H	Report	Location	Date	
Signature of Location Administrator		Title	Date	