



Akhtar International Learning School

Path to Lifelong Learning

Incident Report Form

Date of Incident: _____

Time of Incident: _____

Incident Details

Field	Details
Incident Type	<input type="checkbox"/> Accident <input type="checkbox"/> Injury <input type="checkbox"/> Other (Please specify): _____
Location of Incident	_____
Description of Incident	_____ _____ _____

Involved Parties

Please provide information about those involved in the incident.

Name of Student/Staff Involved	Role (e.g., Student, Teacher, Staff)	Grade/Class (if applicable)	Age (if applicable)	Description of Involvement
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Witness Information

Please provide information about any witnesses to the incident.

Witness Name	Role (e.g., Student, Teacher, Staff)	Contact Information
_____	_____	_____
_____	_____	_____
_____	_____	_____

Injury Details (If Applicable)

If the incident involves an injury, please provide details below.

Injury Type	Location of Injury	First Aid Administered	Action Taken
<input type="checkbox"/> Bruise <input type="checkbox"/> Cut <input type="checkbox"/> Sprain	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
<input type="checkbox"/> Fracture <input type="checkbox"/> Head Injury	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Incident Report Form (V.1.0)

Address: Near Isalam City, Ladhawala Warraich, Gujranwala

Phone: +92 306 8731934
Email: admin@ails.school
Website: www.ails.school



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Injury Type	Location of Injury	First Aid Administered	Action Taken
<input type="checkbox"/> Other (Please specify): _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Medical Attention

Was medical attention required?

☐ Yes ☐ No

If yes, please provide details:

Details of Medical Attention	Provider	Contact Information
_____	_____	_____
_____	_____	_____

Follow-Up Actions Taken

Please document any actions taken after the incident.

Action Taken	Responsible Person	Date Completed
_____	_____	_____
_____	_____	_____

Incident Reported By

Name	Role	Contact Information
_____	_____	_____
_____	_____	_____

Parental Notification (If Applicable)

Has the parent/guardian been notified of the incident?

☐ Yes ☐ No

If yes, please provide the date and method of communication:

Date of Notification	Method of Notification	Name of Parent/Guardian
_____	_____	_____
_____	_____	_____

Additional Comments/Notes

Please provide any other relevant information regarding the incident.

Additional Information	Details
_____	_____
_____	_____

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Acknowledgment and Signature

By signing below, I confirm that the information provided in this Incident Report is accurate to the best of my knowledge.

- **Person Completing the Report:** _____
- **Signature:** _____
- **Date:** _____

For School Administration Use Only

Reviewed By	Date Reviewed	Follow-Up Actions
_____	_____	_____
_____	_____	_____
_____	_____	_____

This **Incident Report Form** is designed to document incidents that occur on school grounds, ensuring that all necessary details are collected for the safety and well-being of students and staff. It includes space for reporting injuries, actions taken, and any follow-up actions or notifications required.