



Nantucket
**Lighthouse
School**

**Nantucket Lighthouse School
Pre-Crisis Indicator & Student Accident Report**

Note: Review Employee Manual and Crisis Management Plan for additional guidelines.

Student's Name: _____

Student's Classroom Teacher: _____

Date of Indicator/Accident: _____ Time of Indicator/Accident: _____

Nature of Indicator/Accident: _____

Was there supervision at time of indicator/accident? Yes No

Name/Title of Supervision: _____

Was Parent/Guardian Notified? Yes No

Parent/Guardian Notified: _____

Was Student Transported to Medical Facility? Yes No

By Whom? _____ On Whose Authority? _____

Lapsed time between accident and time first aid was administered:

Hours: _____ Minutes: _____

Nature of Injury? _____

Cause of Accident: _____

Location of Accident: _____

Description of Accident (be as specific as possible): _____

If other students/adults involved in or present at Pre-Crisis indicator/accident list names:

Corrective Action Taken: _____

Originator of Report

CC this form to student's file, Head of School

Date