

Tymetric A. Robinson  
President

Tonya Briggs  
Vice-President



MISSIONARY LEADERSHIP ACADEMY  
212 INDUSTRIAL PARK RD  
STARKVILLE, MS 39759  
PHONE: (662) 370-0621  
EMAIL: [INFO@OUR-MDC.ORG](mailto:INFO@OUR-MDC.ORG)

## INCIDENT / ACCIDENT REPORT FORM

(Confidential – For School Use Only)

### SECTION A: BASIC INFORMATION

Date of Incident: \_\_\_\_\_

Time of Incident: \_\_\_\_\_

Location of Incident (classroom, playground, bus, etc.):

Type of Report:

☐ Accident / Injury

☐ Behavioral Incident

☐ Safety Concern

☐ Other: \_\_\_\_\_

### SECTION B: PERSON(S) INVOLVED

Name of Student/Employee: \_\_\_\_\_

Grade / Job Title: \_\_\_\_\_

Age (if student): \_\_\_\_\_

Other Individuals Involved (if any):

### SECTION C: DESCRIPTION OF INCIDENT

Provide a clear, factual description of what occurred  
(include actions, sequence of events, and any witnesses):

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## SECTION D: INJURY OR BEHAVIOR DETAILS

### If Injury Occurred

Type of Injury: \_\_\_\_\_

Body Part Affected: \_\_\_\_\_

Severity: ☐ Minor ☐ Moderate ☐ Severe

First Aid Given: ☐ Yes ☐ No

If yes, describe:

Medical Attention Required:

- ☐ No
- ☐ Yes – Clinic
- ☐ Yes – Hospital
- ☐ Emergency Services Called

### If Behavioral Incident

Nature of Behavior:

- ☐ Disruptive
- ☐ Aggressive
- ☐ Bullying
- ☐ Insubordination
- ☐ Other: \_\_\_\_\_

Immediate Action Taken:

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## SECTION E: NOTIFICATION

Parent/Guardian Notified: ☐ Yes ☐ No

Date & Time Notified: \_\_\_\_\_

Method: ☐ Phone ☐ Email ☐ In Person

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**Administrator Notified:** ☐ Yes ☐ No

Name: \_\_\_\_\_

## SECTION F: FOLLOW-UP ACTION

- ☐ Medical follow-up required
- ☐ Disciplinary action required
- ☐ Counseling recommended
- ☐ No further action required

Details:

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## SECTION G: REPORTING STAFF MEMBER

Name: \_\_\_\_\_

Position: \_\_\_\_\_

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

Date: \_\_\_\_\_

## SECTION H: ADMINISTRATION REVIEW

Reviewed By: \_\_\_\_\_

Action Approved / Taken:

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

Date: \_\_\_\_\_

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