

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

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:

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:

SECTION G: REPORTING STAFF MEMBER

Name: _____

Position: _____

Signature: _____

Date: _____

SECTION H: ADMINISTRATION REVIEW

Reviewed By: _____

Action Approved / Taken:

Signature: _____

Date: _____