

Signature of Principal

ORANGE TOWNSHIP PUBLIC SCHOOLS

Orange Early Childhood Center

397 Park Avenue, Orange, New Jersey 07050 Tel: (973) 677-4000, ext. 1903/1920 Fax: (973) 395-8958

Website: http://www.orange.k12.nj.us/Domain/528

Mr. Ronald Lee Interim Superintendent of Schools

Jacquelyn Blanton Principal, Orange Early Childhood Center

Incident Report Staff Member School Date of report Student's Name _____ Grade _____ Student's Address ______ Parents' Name _____ Phone _____ Date of Incident _____ Time ____ Location ____ *The following should be completed by staff member* Describe the nature of the incident (before and after), detailing exactly what took place, where, when, how, etc. Describe any harm, if any, done to the student? Describe how the accident/injury happened. Were there any changes to the school/district/classroom procedures as a result of this incident? Staff Signature Date Parent/Guardian notified Yes No

Original report to Principal within 24 hours of incident.

Signature of School Nurse (If the nurse was called)