

# Meece Middle School



## Student Incident Form

Location Name \_\_\_\_\_

Date \_\_\_\_\_

Person injured \_\_\_\_\_

Parent name, phone number, and address (if a minor) \_\_\_\_\_  
\_\_\_\_\_

Describe incident

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

School Nurse consulted  Yes  No

Time incident occurred \_\_\_\_\_

Witness (if any) name and phone number \_\_\_\_\_

Preparer's signature: \_\_\_\_\_

210 Barnett Street  
Somerset, Kentucky 42501  
Phone: 606-678-5821  
Fax: 606-678-2934

Calvin Rollyson, Principal  
David Miller, Asst. Principal  
Andrea Keeney, Counselor

[www.somerset.kyschools.us](http://www.somerset.kyschools.us)

