
AP 2300 APPENDIX G: FIELD TRIP INCIDENT REPORTING FORM

Date: _____ Time: _____

School Name: _____

Student Name: _____

Type of injury: _____

Location of incident: _____

Description of injury: _____

First aid administered: ☐ Y ☐ N First Aid Attendant name: _____

Confirmation parents/guardians were notified, date and time: _____

Educator-in-charge, print name: _____

Educator-in-charge, signature: _____

Confirmation form submitted to principal, date and time: _____

SPP completed (www.incident-request.org), date and time: _____

Notes: