

AMBULANCE CALL REPORT

Date of Incident:

Time of Incident:

School/Site:

Time 911 Notified:

Received call from:

Time Parents Notified:

Position:

Time District Notified:

INCIDENT INFORMATION

Student Name:

Student Grade:

Incident
Description:

TRANSPORT INFORMATION

Student transported to hospital via ambulance

Ambulance transportation denied

Hospital Name:

Denied by:

Person accompanying student:

Transported to:

Additional notes:

Reported by:

Extension: