



STUDENT ACCIDENT/INJURY REPORT FORM

Student Name: _____ Home Address: _____

School: _____ Gender: M F Age: _____ Grade: _____

Date of Incident: _____ Time of Incident: _____ AM _____ PM

Incident Location: School Building _____ School Grounds _____ To/From School _____

Incident Description (Include student activity at the time of the incident, specific campus location, any equipment, tools, or machinery involved. Describe in detail the events leading up to the incident, and the accident itself): _____

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ADDITIONAL INFORMATION

Supervising Teacher/Staff in charge when the incident occurred: _____

Present at the time of the incident: _____ Yes _____ No

Direct Blood Contact: _____ Yes Person(s) Involved: _____

First Aid Treatment: _____ Yes Provided by: _____

Sent to School Nurse: _____ Yes Sent by: _____

Sent Home: _____ Yes Sent home by: _____

Sent to Physician: _____ Yes Sent by: _____

Physician Name: _____

Sent to the Hospital: _____ Yes Sent by: _____

Parent/Guardian Notified: _____ Yes Notified by: _____

When Notified: _____ How Notified: _____

Name of Person Notified: _____

Incident Witnesses: _____

Principal Signature

Date

Teacher/Staff Signature

Date