



# 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