

# STUDENT ACCIDENT REPORT



## **SCHOOL INFORMATION**

School: \_\_\_\_\_ School Telephone #: ( ) \_\_\_\_\_  
Teacher (Home Room): \_\_\_\_\_

## **STUDENT INFORMATION**

Student's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
Parents / Guardian Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## **INJURY INFORMATION**

Date of Injury: \_\_\_\_\_ Time: \_\_\_\_\_ AM \_\_\_\_\_ PM \_\_\_\_\_  
Specific Nature of Injury: (**Body Part**): \_\_\_\_\_

Description of Accident: (What was student doing? Specify if tool, machine or equipment being used)

Person in Charge: \_\_\_\_\_ Title: \_\_\_\_\_ Present at Scene: Yes \_\_\_\_\_ No \_\_\_\_\_

Specific Location of Accident: (Playground east side of slide, in hall outside room #, etc.) \_\_\_\_\_

Witnesses: (List name, address & telephone number - Attach separate sheet if necessary)

(1) \_\_\_\_\_  
(2) \_\_\_\_\_

## **ACTION TAKEN**

Type of First Aid Treatment Given:

Given by: \_\_\_\_\_  
Student Sent Home? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, by whom: \_\_\_\_\_  
School Nurse, if involved: \_\_\_\_\_ EMT's, if involved: \_\_\_\_\_  
Sent to Doctor: Yes \_\_\_\_\_ No \_\_\_\_\_ By Whom: \_\_\_\_\_ Doctor: \_\_\_\_\_  
Sent to Hospital: Yes \_\_\_\_\_ No \_\_\_\_\_ By Whom: \_\_\_\_\_ Hospital: \_\_\_\_\_  
Hospital Address: \_\_\_\_\_

Was parent/guardian or other individual notified? Yes \_\_\_\_\_ No \_\_\_\_\_ Who: \_\_\_\_\_

Relationship to Student \_\_\_\_\_

How Notified: \_\_\_\_\_ Date \_\_\_\_\_ Time: \_\_\_\_\_ AM \_\_\_\_\_ PM \_\_\_\_\_

## **FOLLOW-UP**

If head injury student must be seen by a Dr. and have Dr.'s release to return to school and activities.

Principal's Signature \_\_\_\_\_

Signature of Person Observing or Reporting Accident \_\_\_\_\_

Print Name \_\_\_\_\_

Send completed original copy the Nurse.  
CC: School File, AD, DO