

STUDENT ACCIDENT REPORT

Adoption Date:

Revision Date:

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Prepared By _____ Date _____

Student's Name _____ Grade _____

Date _____ Time of Accident _____

Description of accident and extent of injury _____

ACTION TAKEN:

First aid treatment given _____

_____ By _____
(Name)

Sent to School Nurse or other responsible person? Yes No By _____
(circle one) (Name)

Sent home? Yes No By _____
(circle one) (Name)

Sent to physician? _____ By _____
(Physician's Name) (Name)

Sent to physician? _____ By _____
(Name of Hospital) (Name)

Was parent, guardian, or other responsible individual notified? Yes No

Person notified _____ Exact Time _____

Means of notification _____ By _____
(Name)

WITNESSES TO ACCIDENT

Name _____ Address _____

Name _____ Address _____