SCHOOL ACCIDENT REPORT FORM

Whenever an injury occurs in school, on school grounds, or during any school sponsored activity, this Accident Report Form should be filled out. Once the form has been completed, please bring it to the main office for processing. One copy will be filed with the Central Office the day the accident occurs if possible; a second copy to be filed in the student’s file in the school office; and a third copy will be given to the school nurse.

TIME AND PLACE OF ACCIDENT

Date: ___________________________ Time: ___________________________

School: __________________________ Location: __________________________

INJURED PERSON

Name: ___________________________ Age: _____ Grade/Teacher: __________________________

Parent’s Name: ___________________________

Address: ___________________________

What was the injured doing when hurt? __________________________________________________________

__________________________________________________________________________________________

WITNESSES TO THE ACCIDENT AND ANY ADDITIONAL PERSONNEL BROUGHT TO SCENE:

__________________________________________________________________________________________

DESCRIPTION OF INJURY & CARE GIVEN: __________________________________________________________

__________________________________________________________________________________________

Parent/Emergency Contact Notified: ____________________________________________________________

Contacted by: ___________________________________________ at ________________________ (time)

How was the contact made: _____________________________(phone, email, voicemail, etc.)

ADDITIONAL FOLLOW-UP INFORMATION: __________________________________________________________

__________________________________________________________________________________________

Reported by: ___________________________________________

Date of Report: ___________________________ Principal: ___________________________

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Policy EBBB-E(1) - Student Accident Report
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