

## 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: \_\_\_\_\_