

Student Accident Report

Student Name _____ Age _____ Sex _____

School _____ Grade _____ Homeroom _____

Place Accident Occurred _____ Supervising Teacher _____

Date of Accident _____ Time of Accident _____

Cause of the Accident _____

Description of Injury _____

Treatment of the Injury _____

Treated by _____

Name of Parent/Guard Notified _____ By Whom _____ Time _____

Witness to the Accident _____

Corrective Measures Taken _____

Was Student Taken Home Physician Hospital By _____ Whom?

Student Insurance Form Given to Parent/Guardian Yes No Date: _____

Student Insurance Form Mailed to Parent/Guardian Yes No Date: _____

<p>Distribution:</p> <ul style="list-style-type: none"> • Original Copy kept in School Health File. • Within 24 hours--Duplicate sent to School Safety Coordinator. • Email notification to School Health Services Coordinator
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Teacher's Signature _____

Nurse's Signature _____

Administrator's Signature _____

Review/Revised:6/28/10