

|   |                        |   |
|---|------------------------|---|
| <b>INSTRUCTIONS:</b><br><b>1. A report is submitted on the day of the occurrence.</b><br><b>2. In case of serious injury signed statements by witnesses must accompany report.</b><br><b>3. A followup report is required if accident causes absence from school.</b> | <b>ACCIDENT REPORT</b> | SCHOOL: _____<br><hr/> DATE OF REPORT: _____<br><hr/> TIME OF REPORT: _____ AM _____ PM |
|---|------------------------|---|

**PERSON INJURED**

|                |                            |                         |
|----------------|----------------------------|-------------------------|
| NAME: _____    | ADDRESS: _____             |                         |
| STUDENT: _____ | NON STUDENT: _____         | SCHOOL INSURANCE: _____ |
| GRADE: _____   | AGE: _____                 | SEX: _____              |
|                | DATE FORM COMPLETED: _____ | OTHER INSURANCE: _____  |

NATURE OF INJURY: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ACCIDENT**

|                                |             |          |          |                 |
|--------------------------------|-------------|----------|----------|-----------------|
| DATE: _____                    | TIME: _____ | AM _____ | PM _____ | LOCATION: _____ |
| DESCRIPTION OF ACCIDENT: _____ |             |          |          |                 |
| _____                          |             |          |          |                 |
| _____                          |             |          |          |                 |

**WITNESS(ES)**

| NAME OF PERSON (ON DUTY/WITNESSES) | OFFICIAL POSITION | AGE   | ADDRESS | PHONE |
|------------------------------------|-------------------|-------|---------|-------|
| _____                              | _____             | _____ | _____   | /     |
| _____                              | _____             | _____ | _____   | /     |
| _____                              | _____             | _____ | _____   | /     |

**FIRST AID RENDERED**

|                          |         |                      |       |
|--------------------------|---------|----------------------|-------|
| NURSE CONTACTED          | ADDRESS | PHONE                | TIME  |
| DOCTOR CONTACTED         | ADDRESS | PHONE                | TIME  |
| TYPE OF AID ADMINISTERED |         | PERSON ADMINISTERING | TIME  |
| _____                    |         | _____                | _____ |

**ADDITIONAL MEDICAL AID**

TYPE OF AID ADMINISTERED: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

|                      |         |       |
|----------------------|---------|-------|
| PERSON ADMINISTERING | ADDRESS | TIME  |
| _____                | _____   | _____ |

**PARENT/RELATIVE CONTACTED**

|                  |                                 |
|------------------|---------------------------------|
| NAME: _____      | RELATIONSHIP TO INJURED: _____  |
| ADDRESS: _____   | PHONE: _____                    |
| TIME: _____      | METHOD OF TRANSPORTATION: _____ |
| SENT HOME: _____ | NOT SENT HOME: _____            |

**ADDITIONAL INFORMATION**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE OF NURSE/TEACHER: \_\_\_\_\_

SIGNATURE OF PRINCIPAL: \_\_\_\_\_

**NOTE**

THE CONTENTS OF THIS REPORT DO NOT CONSTITUTE ANY ADMISSION OF LIABILITY ON THE PART OF THE SCHOOL SYSTEM OR ANY EMPLOYEE THEREOF.