



STUDENT ACCIDENT REPORT FORM

Name: _____ Birth Date ____/____/____

Date of accident ____/____/____ Time of accident ____:____ □ a.m. □ p.m.

Describe the accident (time, place and type of injury)

The injury is considered to be _____ Minor _____ Severe

Was an adult at the scene of accident? _____ No _____ Yes Name of Individual _____

Immediate Action Taken _____

First aid _____ No _____ Yes By whom _____

Sent to hospital _____ No _____ Yes By whom _____

Name of hospital _____ Doctor's name _____

Notified Parent/Guardian _____ No _____ Yes By Whom _____

Date Notified ____/____/____ Time Notified _____

Signature, Accident Reporter _____ Date _____

Signature, Principal _____ Date ____/____/____