

- CRITICAL
- SERIOUS
- MINOR

STUDENT ACCIDENT REPORT

School Name Here _____

- School Hours
- AM/PM Non-School Hours
- AM/ PM Base
- AM/ PM Sports

Date Reported: _____ Time: _____

(PLEASE PRINT)

Student Name: _____ Grade: ____
Age: ____ DOB: _____
Address: _____ Phone #: _____
Parent /Guardian: _____ Phone #: _____
Reported by: _____ Student's Teacher: _____
Injury Description: _____
Date of Injury: _____ Time: _____ Circumstances: _____
Other person(s) involved: _____
Witness(es): _____

Description of Location

Location of Injury/Accident:
Classroom: _____ PE: _____
Hallway: _____
Playground: _____
Other: _____
Parent/Guardian Notified: Time _____ Contacted: _____ Phone #: _____
Student Released Released to: _____ Time: _____ Relation: _____
 Medical Treatment Emergency Room Physicians Office Unknown

Action Taken By: _____ Title: _____
Basic First Aid: _____
(911) Ambulance Called Time: _____ Dispatcher: _____
Medical care suggested: _____
Communication Center Notified (4911) Time: _____ Contact: _____

Description of how accident occurred:

Comments:

Follow Up:

School Start Time: _____ Dismissal Time: _____ Early Release Day /Time: _____

Reported by: _____ Title: _____

- Incident Report Attached (Other information or statements for this injury)
- See back for additional comments.

cc: District Nurses