

**EMERGENCY TREATMENT**

**STUDENT ACCIDENT REPORT FORM**

This report is to be completed immediately following each accident resulting in any injury of a student

PLEASE COMPLETE THE BLANKS.

Date: \_\_\_\_\_

J. \_\_\_\_\_  
Cause of Injury

A. \_\_\_\_\_  
Name of School Reporting

K. \_\_\_\_\_  
Where did the accident occur?

B. \_\_\_\_\_  
Name of Person Injured

L. \_\_\_\_\_  
Was medical attention sought? If so,  
when and who?

C. \_\_\_\_\_  
\_\_\_\_\_  
Address of Person Injured

M. \_\_\_\_\_  
\_\_\_\_\_

D. \_\_\_\_\_  
Grade

State in a few words what happened.

E. \_\_\_\_\_  
Date of Accident

N. \_\_\_\_\_  
\_\_\_\_\_

F. \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.

G. Were the parents contacted?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_

H. \_\_\_\_\_  
Report Submitted By

\_\_\_\_\_

I. \_\_\_\_\_  
\_\_\_\_\_  
Describe the nature of the injury.

\_\_\_\_\_  
Witnesses present at the time of the  
accident (Name, Address, & Phone)