

STUDENT ACCIDENT REPORT

School: _____ Date: _____

Student's Name: _____ Age: _____ Grade: _____

Address: _____

Homeroom Teacher: _____

Parent or Guardian's Name: _____

CIRCUMSTANCES OF ACCIDENT

Nature of Injury: _____

Where Accident Occurred: _____

Date/Time of Injury: _____

Additional Details of Injury: _____

Was First Aid Given? _____ By Whom? _____

Was Nurse in Attendance? _____ Were Parents Notified? _____

Did Student Go to a Doctor? _____

Where (if known): _____

Is Student Covered by Insurance from School? _____

Witnesses: _____

Signature of Supervising Teacher

Signature of Principal