

Accident Report Form

Fill out in duplicate, copies to Principal and School Nurse

School District: _____

School: _____

TO BE FILLED IN AT THE TIME OF THE ACCIDENT BY THE PERSON CARING FOR THE STUDENT OR INJURED ADULT:

Date: _____ Time: _____

Student/employee name: _____ Grade: _____

Address: _____

Location of accident: _____

Activity student/employee was engaged in (be specific): _____

Staff on Duty: _____

Complete description of accident: _____

Assessment of injury (body, degree of injury, functional effect) _____

Initial Treatment of injury: _____

By Whom: _____

Disposition: _____

Was the injured transported to a medical facility? _____

Was school nurse present and/or notified? Yes ___ No ___ by Whom _____

Were parents notified? Yes ___ No ___ Time _____ by Whom _____

Follow up/outcome of the injury _____

Were there any safety hazards that may have precipitated the accident? _____

Has that been addressed with appropriate personnel? _____ Who _____

Signature of person preparing report: _____

Signature of school Nurse: _____

Principal's Signature _____ Date: _____

Notes:
