

# ***CONFIDENTIAL* Student Accident Report**

*Note: This form is for District use ONLY. Do not give this report to anyone other than the Risk Management Department. The school employee either witnessing the accident or supervising at the time should complete this form. FAX to the Risk Management Department (244-4604) immediately and submit original within 24 hours. Please print or type clearly in pen.*

Student Name: \_\_\_\_\_ School: \_\_\_\_\_

Home Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Date of Accident: \_\_\_\_\_ Time of Occurrence: \_\_\_\_\_ AM/PM

Specific location where accident occurred (ie: classroom, playground, athletic field): \_\_\_\_\_

Specific *injury* and *part of body* injured: \_\_\_\_\_

Describe how accident occurred: \_\_\_\_\_

Was any school rule violated? If so, explain. \_\_\_\_\_

Name of teacher/employee in charge when accident occurred: \_\_\_\_\_

Did this person witness the accident? \_\_\_ Yes \_\_\_ No Other Witnesses: \_\_\_\_\_

Others injured in accident (attach separate report for each): \_\_\_\_\_

## **Immediate Action Taken:**

First-aid treatment: \_\_\_\_\_ by: \_\_\_\_\_ Sent Home: \_\_\_\_\_ by: \_\_\_\_\_

Sent to school nurse: \_\_\_\_\_ by: \_\_\_\_\_ Sent to Dr.: \_\_\_\_\_ by: \_\_\_\_\_

Sent to hospital: \_\_\_\_\_ by: \_\_\_\_\_ Name of hospital: \_\_\_\_\_

❖ Parent or guardian notified: \_\_\_\_\_ by: \_\_\_\_\_

Time of notification: \_\_\_\_\_ What was parents reaction/attitude? \_\_\_\_\_

Comments: \_\_\_\_\_

Report submitted by: \_\_\_\_\_ Position: \_\_\_\_\_

(signature)

Principal/Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

(signature)