



Student Accident Report Form

(Please send Accident Reports to the Superintendent & Principal Office as soon as possible.)

Report By: _____ Date of Report: _____

Title/Role: _____ School/Building: _____

Student Accident Information

Student Name: _____ Grade: _____

Date of Accident: _____ Time of Accident: _____

Location of Accident: _____

Brief description of the accident:

Actions Taken:

Was treatment necessary? ____ yes ____ no

If yes, please explain: _____

Was student sent home? ____ yes ____ no

Was a parent or responsible person notified? ____ yes ____ no

Name(s) of Any Witnesses:

Signature of supervisor at the time of accident:
