

# STUDENT ACCIDENT REPORT FORM

*Please be specific when completing this report.*

NAME \_\_\_\_\_ GRADE/TEACHER \_\_\_\_\_ BUILDING \_\_\_\_\_

ACCIDENT Location \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

INJURY Location \_\_\_\_\_ Possible Type \_\_\_\_\_

**DESCRIPTION OF ACCIDENT: (Describe specifically how accident/injury occurred).**

Student's Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attending Adult or Witness Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attending Adult/Witness Signature \_\_\_\_\_ Principal Signature \_\_\_\_\_

**DESCRIPTION OF INJURY:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Noted By: \_\_\_\_\_

**ACTION TAKEN: (Please check and comment)**

First Aid Administered: \_\_\_\_\_  
\_\_\_\_\_ BY \_\_\_\_\_

Parent Notified:  Yes  Could not reach By Whom \_\_\_\_\_ Time \_\_\_\_\_

Suggested:  Physician Care  Emergency Care  Dental Care  Observation by Parent

**DISMISSAL OF STUDENT:**

\_\_\_\_\_ Time returned to class \_\_\_\_\_ Time sent/taken home By whom \_\_\_\_\_

\_\_\_\_\_ Type medical care chosen by parent or \_\_\_\_\_ Parent deemed no medical action necessary

Other: (specify) \_\_\_\_\_

Follow-up: \_\_\_\_\_