



Name of Student \_\_\_\_\_ Grade \_\_\_\_\_

Accident Date \_\_\_\_\_ Time \_\_\_\_\_ Place \_\_\_\_\_

Description of Injury:

Describe accident in detail including what the injured person was doing at the time:

Where did the injury occur? (Specify location, including location of injured and any witnesses.)

Draw a diagram to locate persons/objects. If you want to draw a diagram, you will need to print the report first.

Name(s) of witnesses:

1.	2.
3.	4.

Was the injured participating in an activity at the time of the injury?  Yes  No

If so, what? \_\_\_\_\_

Any equipment involved in the accident?  Yes  No

If so, specify equipment \_\_\_\_\_

What first aid or medical attention was given to the student at the site of the accident?

Administered by \_\_\_\_\_

Report Submitted by \_\_\_\_\_ Date \_\_\_\_\_

**Complete this side and give to the nurse.**

**To be completed by the nurse's office**

Were parents notified?  Yes  No

By:  Writing  Phone  Other \_\_\_\_\_

By whom? \_\_\_\_\_ When? Date \_\_\_\_\_ Time \_\_\_\_\_

Parent's response:

Health Care Office Treatment:

Administered by \_\_\_\_\_

Off-Site Treatment:

Location \_\_\_\_\_

Treatment:

Administered by \_\_\_\_\_

Accident Report Reviewed by \_\_\_\_\_ Date \_\_\_\_\_