



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 _____