

## ACCIDENT REPORT

Make two copies immediately after accident. One copy for the school's file and one copy for the Superintendent's office.

Report all accidents, major or minor, during school hours or during extracurricular activities.

School \_\_\_\_\_ Date of Accident \_\_\_\_\_  
Time of Accident \_\_\_\_\_

Student's or Employee's Name \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

Parent's or Guardian's Name \_\_\_\_\_

Nature of Injury \_\_\_\_\_

Site of Accident \_\_\_\_\_

Activity \_\_\_\_\_

Activity \_\_\_\_\_

Others involved in the Accident \_\_\_\_\_

First Aide Treatment Required \_\_\_\_\_

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

Medical Attention Required \_\_\_\_\_

Examining Doctor \_\_\_\_\_

Doctor's Address \_\_\_\_\_

Mode of Transportation \_\_\_\_\_

By Whom? \_\_\_\_\_

Was the injured person's parents notified? \_\_\_\_\_

By Whom? \_\_\_\_\_

If Student, Name of Supervisor at Time of Accident \_\_\_\_\_

Position \_\_\_\_\_

Type of Insurance \_\_\_\_\_

Witnesses of Accident. (Use full names) \_\_\_\_\_

Cause of the Accident \_\_\_\_\_

Can Cause of the Accident be Corrected? \_\_\_\_\_

If so, report correction to the Superintendent's office when completed.

Name of person completing the report \_\_\_\_\_