

**SCHOOL ACCIDENT/INJURY REPORT**

**DATE OF ACCIDENT:** \_\_\_\_\_ **TIME OF ACCIDENT:** \_\_\_\_\_

**NAME OF INJURED:** \_\_\_\_\_ **PARENT'S NAME:** \_\_\_\_\_

**AGE:** \_\_\_\_\_ **SEX:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_ **SCHOOL:** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **PARENT'S WORK PHONE:** \_\_\_\_\_

**LOCATION OF ACCIDENT:** \_\_\_\_\_

**DESCRIPTION OF ACCIDENT:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PERSON IN CHARGE WHEN ACCIDENT OCCURRED:** \_\_\_\_\_

**IMMEDIATE ACTION TAKEN:** ( ) First Aid Treatment ( ) Sent to School Nurse

( ) Taken Home ( ) Referred to Doctor ( ) Sent to Hospital By Whom: \_\_\_\_\_

**NOTIFICATION:** ( ) Parent ( ) Guardian ( ) Doctor ( ) Nurse ( ) Teacher ( ) Other

How Notified: \_\_\_\_\_ When: \_\_\_\_\_ By Whom: \_\_\_\_\_

**DISPOSITION:** ( ) Taken Home ( ) Taken to doctor's office ( ) Taken to Hospital ( ) Other

**WITNESSES:** Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**MISCELLANEOUS INFORMATION:**

\_\_\_\_\_

\_\_\_\_\_

Person Submitting Report \_\_\_\_\_ Contact Phone \_\_\_\_\_

Signed by Principal/Nurse \_\_\_\_\_ Contact Phone \_\_\_\_\_