

**GREAT FALLS PUBLIC SCHOOLS**  
**SCHOOL ACCIDENT / INJURY REPORT**

To be used for reporting an accident or incident involving students, parents, visitors, etc. Copies are to be submitted to the Office of the Director for Business Operations. Please complete all times requested on this form.

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

**NAME OF INJURED:** \_\_\_\_\_

**AGE:** \_\_\_\_\_ **SEX:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_ **SCHOOL:** \_\_\_\_\_

**NAME OF PARENT:** \_\_\_\_\_

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

**PARENT PHONE NUMBER:** \_\_\_\_\_

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

**DESCRIPTION OF ACCIDENT:**

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

**IMMEDIATE ACTION:**      FIRST AID TREATMENT      SENT TO SCHOOL NURSE  
PARENT/GUARDIAN CONTACTED      EMERGENCY SERVICES CONTACTED

**DISPOSITION:**      RETURNED TO CLASS      SENT HOME      REFERRED TO DOCTOR  
HOSPITAL

**WITNESSES** (only list adult, no children):

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

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

**MISCELLANEOUS INFORMATION:**

Person Submitting Report: \_\_\_\_\_ Phone: \_\_\_\_\_

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