



# 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: \_\_\_\_\_