



Rankin County  
School District

TRADITION OF EXCELLENCE

# RANKIN COUNTY SCHOOL DISTRICT ACCIDENT FORM

School: \_\_\_\_\_ Date: \_\_\_\_\_

Student: \_\_\_\_\_  
*NAME* *AGE* *GRADE*

Parents or Guardian: \_\_\_\_\_  
*NAME* *PHONE*

Address: \_\_\_\_\_

Brief Description of Accident and Injury: \_\_\_\_\_

Was First Aid Administered? Yes  No

If Yes, What Procedure: \_\_\_\_\_

Parent or Guardian Contacted (If no contact is made, please state reason under the name portion as well as time and date for each attempt) .

Name	Date	Time
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Witnesses: \_\_\_\_\_  
*NAME* *PHONE*

\_\_\_\_\_ *NAME* *PHONE*

\_\_\_\_\_ *NAME* *PHONE*

Person Submitting Report: \_\_\_\_\_  
*NAME* *SIGNATURE*

Review By Principal / Supervisor: \_\_\_\_\_  
*NAME* *DATE*

Review By Director: \_\_\_\_\_  
*NAME* *DATE*