

ACCIDENT REPORT

Henry P. Becton Regional High School
120 Paterson Avenue, East Rutherford NJ 07073

Student Name: _____

DOB: _____ Grade: _____ Date/Time of Accident/Injury: _____

Student Address: _____

Name of Parent/Guardian: _____

Date Accident/Injury was reported to Coach/Athletic Trainer/Nurse: _____

Where did the Injury Occur? _____ What Sport/Event? _____

Who Witnessed the Accident/Injury & Their Position: _____

Part of Body Injured: _____ Student Treated by Whom? _____

Description of Accident/Injury:

Treatment Given:

Was Accident/Injury Reported to Parent/Guardian? Y N Was Student sent to the Hospital/Physician? Y N

Date Of This Report: _____

I HEARBY CERTIFY THAT THE ABOVE STUDENT WAS INJURED AS STATED.

Signature of Witness: _____ Date : _____

Signature of Who Treated Student: _____ Date : _____

Signature of School Nurse: _____ Date : _____