

ACCIDENT REPORT

DATE OF ACCIDENT	
TIME OF ACCIDENT	
DATE OF REPORT	

FULL NAME		SEX	MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>	
ADDRESS		AGE		GRADE	
		TELEPHONE			

PLACE OF ACCIDENT	DESCRIBE: PLACE	<input type="checkbox"/> INTERSCHOLASTIC	<input type="checkbox"/> OFF SCHOOL GROUND
		<input type="checkbox"/> INTRAMURAL	<input type="checkbox"/> ON SCHOOL GROUND
		<input type="checkbox"/> PHYSICAL EDUCATION	<input type="checkbox"/> OTHER _____

NATURE OF INJURY AND PART OF BODY

DESCRIPTION OF ACCIDENT

ACTION TAKEN

FIRST AID TREATMENT <input type="checkbox"/> YES <input type="checkbox"/> NO	DESCRIBE:
BY _____	
SENT TO THE SCHOOL NURSE <input type="checkbox"/> YES <input type="checkbox"/> NO	DESCRIBE:
BY _____	
SENT TO THE HOSPITAL <input type="checkbox"/> YES <input type="checkbox"/> NO	TREATMENT
BY _____	
HOSPITAL _____	
LOCATION _____	

PARENT OR OTHER INDIVIDUAL NOTIFIED: <input type="checkbox"/> YES <input type="checkbox"/> NO	7	INSTRUCTOR
BY _____		PRINCIPAL
INSURED <input type="checkbox"/> YES <input type="checkbox"/> NO		NURSE
CLAIM FORM ISSUED _____		
DATE _____		