



School: _____

ACCIDENT REPORT

Student's Name _____ Age _____ Grade _____

Address _____

Date _____ Time _____ Place _____

Describe Nature of Injury _____

Symptoms Observed _____

How did accident occur? _____

Where did accident occur? _____

List unsafe conditions: _____

Action taken _____

Notified Parents: Yes No By Whom _____

Parents phone number: _____ Parents Recommendation: _____

Who transported student _____ How _____

Name of person in charge at the time of accident _____

Name of witness _____

Follow up report _____

Signature of person making report

Principal's Signature

Please email or pony a copy to Kimberly Rhodes in the Building Services Office.