



ACCIDENT REPORT FORM

Name of Student: _____ Sex: _____ Age: _____ Gr./Teacher: _____

Date of Accident: _____ Time of Day: _____

Description of Injury: _____

(Describe part of body injured and injury – as cut, abrasion, bruise, muscle or bone)

Cause of Injury: _____

Type of School Activity: _____ Place: _____

First Aid or Treatment Given: _____

Faculty/Staff Supervisor at Time of Accident: _____

If teacher/supervisor did not see the accident, please name one or two students who saw and know of it:

Parent of student notified: _____(Yes) _____(No) If no, reason why: _____

Doctor's Name/Clinic: _____

Doctor's Address: _____

Signature of Health Room Staff

Date

Original: Health Room File
Copy: Principal