

**Bourne Public Schools  
Staff Accident Report Form**

Person or Persons Involved:

Time and Date of Accident:

Place of Accident:

Does injured person(s) have school insurance ( ) Yes ( ) NO

Apparent Injuries:

Physician or Dentist Called? ( ) Yes ( ) No      Name:

First aid treatment given? ( ) Yes ( ) No      By whom?

Nature of treatment:

How did the accident happen?

Witness to accident?

Disposition:

Additional Information:

SCHOOL NURSE SIGNATURE:

BUILDING ADMINISTRATOR SIGNATURE:

CENTRAL OFFICE ADMINISTRATOR SIGNATURE:

*\*Staff who are injured at work must also fill out the MEGA form.*