

ALLEN EAST LOCAL SCHOOLS  
ACCIDENT REPORT

This report is to be filled out at once by the person responsible for the student at the time of any and all accident(s) during any school activity.

Building or Location: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Activity: \_\_\_\_\_

Describe what happened:

Place: \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_

Witnesses (if any):

Action taken (if any), if none state none:

Parent/Guardian notified: \_\_\_\_\_ Yes \_\_\_\_\_ No

If notified, when: \_\_\_\_\_

If not notified, explain: \_\_\_\_\_

Signature of person completing report

Date