



Accident Report
Pequannock Township School District
Pompton Plains, NJ 07444

Student Full Name:

School:

Home Address:

Grade:

Phone Number:

Date of Birth:

Date and Time of Accident:

Date of Report:

Nature of Injury and Part of the Body:

Description of Accident:

First Aid Treatment: Yes No

Sent to the School Nurse: Yes No

If yes, Describe:

If yes, Describe:

Sent to the Hospital: Yes No

Parent/guardian notified: Yes No

If yes, By:

Hospital:

Location:

Treatment:

Instructor Signature: _____ Nurse Signature: _____

Print name:

Print name:

Principal / Supervisor signature: _____

Print name: