

STUDENT ACCIDENT REPORT

Student Name: _____ DOB: _____

Grade: _____ School: _____

Date: _____ Time: _____ Person Reporting: _____

Witnessed: Y/N Names: _____

Location of Accident _____ Activity: _____

Describe the incident/injury: _____

Please indicate body part:

School Nurse Notified: Yes No

Assessment: _____

First Aid/Treatment: _____

Follow Up: _____

Parents/Guardians were notified: Yes No Name: _____

Time: _____ Student returned to class: _____ Student dismissed: _____

Advised to see Physician: _____ 911 Called _____

School Nurse's Signature: _____ Date: _____

Administrator's Signature: _____ Date: _____

Administrative Procedure Approved: 5/4/10; Revised: 3/20/18

