



STUDENT ACCIDENT REPORT

Submit to Business Services Admin Assistant & retain copy for school office.

Date: _____ Time: _____

Person filing report: _____

Student's name: _____ Date of birth: _____

School: _____ Grade: _____

Student's Address: _____

Name of parent/guardian: _____ Phone: _____

Description of accident:

Name of witness(es): _____

On-site treatment provided:

Provided by: _____

Action taken:

___ Paramedics called

___ Students taken home by: _____

Student taken to hospital/doctor by: _____

Principal signature: _____ Date: _____

BUSINESS SERVICES USE ONLY

Reported to insurance company? ___ No ___ Yes Date: _____

Spoke to: _____ Called in by: _____

Approved by Director of Business Services: _____