



STUDENT ACCIDENT REPORT

DIRECTIONS: Report any student accident during school or a school sponsored activity on this form to the principal immediately. This report must be completed by the person supervising student at the time of injury and is to be turned in to the principal the same day as the accident.

PRINT OR TYPE

1. STUDENT'S NAME AND MAILING ADDRESS (No. & Street, City, County, State, ZIP)			2. PARENT'S/GUARDIAN'S NAME AND MAILING ADDRESS	
			TELEPHONE NUMBER PARENT /GUARDIAN CONTACTED? () YES () NO	
3. SCHOOL	4. GRADE	5. AGE	6. DATE OF BIRTH	7. SEX MALE () FEMALE ()
8. PLACE OF ACCIDENT OR EXPOSURE (Address or location, include County)			9. ON SCHOOL PREMISES? YES () NO ()	
10. Date of Occurrence	11 . If fatal, give date of death	12. TIME OF DAY _____ a.m. _____ p.m.		13. WITNESS(ES)
14. DESCRIBE THE INJURY OR ILLNESS IN DETAIL AND INDICATE THE PART OF THE BODY AFFECTED. (E.g., amputation of right index finger at second joint, fracture of 2 ribs, lead poisoning, dermatitis of left hand, etc.)				
15. WHAT THINGS DIRECTLY PRODUCED THIS INJURY OR ILLNESS? (Name object struck against or struck by: vapor, poison, chemical or radiation: if strain or hernia, the thing being lifted, pulled, pushed, etc.; of injury resulted solely from bodily motion, the stretching, twisting, etc. which results in injury.)				
(Now describe fully the events which resulted in injury or illness. Tell what happened and how it happened. Specify how objects or substances were involved. Give full details of all factors which led or contributed to the accident or exposure.)				
17. CONDITION OF STUDENT AT TIME OF REPORT			19. NAME AND ADDRESS OF HOSPITAL	
18. NAME AND ADDRESS OF TREATING PRACTITIONER				
20. Has Injured Returned to School? Yes () No ()	21. If so, Date		22. Date of Report	
23. Signature of Person Reporting Accident		24. Principal's Signature		25. Date