

# Student Accident Report

School: \_\_\_\_\_

Name of student: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Accident: \_\_\_\_\_ Time of Accident: \_\_\_\_\_ AM / PM

Bus Driver and/or Monitor Witness Description of Accident: \_\_\_\_\_

\_\_\_\_\_

Where did the accident occur? \_\_\_\_\_

\_\_\_\_\_

Describe what happened: \_\_\_\_\_

\_\_\_\_\_

Was nurse called to scene after arriving at school? Yes / No

Were there any unsafe conditions existing? \_\_\_\_\_

Bus Driver Description of Actions Taken: \_\_\_\_\_

\_\_\_\_\_

Nature of Injury: \_\_\_\_\_

Parent/Guardian Notified: Yes / No \_\_\_\_\_ Time: \_\_\_\_\_ AM / PM  
(Reason)

Student Released: Back to Class \_\_\_\_\_ To Parent \_\_\_\_\_ 911 called \_\_\_\_\_ Principal Notified \_\_\_\_\_

Sent to Hospital \_\_\_\_\_ If so, accompanied by \_\_\_\_\_  
(staff member, personal vehicle, ambulance)

\_\_\_\_\_  
Adult Witness Signature

\_\_\_\_\_  
Date

Completed form due to principal according to school policy.