STUDENT ACCIDENT REPORT FORM

Pleasant Hill High and Middle School

Pleasant Hill School District
36386 Highway 58, Pleasant Hill OR 97455

Student Involved _____ Date of Accident _____

Date of this Report _____

Where did the accident happen? _____

Did you talk to others who saw the accident? If so, who? _____

_____

Describe the accident. How did the accident happen? Give a brief sequence of events.

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_____

Description of injury. _____

_____

_____

Brief summary of what was done after the accident. _____

_____

_____

_____

Name of person making this report: _____

Signature: _____ Principal's signature: _____