RAISIN CITY ELEMENTARY SCHOOL

ACCIDENT REPORT

Name of Student _____

Date of Accident: _____ Time of Accident: _____

Place: _____ Activity: _____

Yard/Activity Supervisor: _____

Did the supervisor witness the accident? _____

Nature of Accident:

_____

_____

_____

First Aid applied:

_____

_____

Parents Notified:

_____

_____

Comments:

_____

_____

Instructions: Teachers or person in charge, please fill out and return to the office immediately following any accident of any kind no matter how slight.

Signed by: _____ Position: _____
(Name of School Official)

Date of Report: _____