Albemarle County Public Schools

Accident Report

Name of School:_____

Student's Name: _____ DOB: _____ Grade:_____

Student Address: _____

Date: _____ Time: _____ Accident Location:_____

Describe signs and symptoms of injury:

_____

_____

_____

_____

How did accident occur? _____

_____

_____

List unsafe conditions: _____

Action taken: _____

_____

_____

Name of Parent/Guardian notified: _____ By whom:_____

Parent/Guardian Phone Number :_____ Time notified: _____

Who Transported Student_____ How:_____

Follow-up Recommendation for Parent/Guardian:_____

_____

Name & title of person in charge at the time of accident: _____

Name of witness: _____

Follow-up report: _____

_____

Signature & title of person completing report: _____Date: _____

Signature of principal _____ Date:_____

***Please send a copy of report to Kimberly Rhodes in Building Services Office**