

STUDENT/VISITOR ACCIDENT REPORT FORM

(MUST BE COMPLETED FOR ALL STUDENTS/VISITORS INCLUDING THOSE WITH INSURANCE)

School Insurance Yes _____ No _____

NAME OF INJURED: _____ STUDENT _____ VISITOR _____ AGE _____ GRADE _____

DATE OF INJURY: _____ TIME OF INJURY: _____ SCHOOL: _____

PLACE ACCIDENT OCCURRED (be specific) _____

DURING SCHOOL SPONSORED ACTIVITY: YES _____ NO _____ ACTIVITY: _____

DURING CLASS: YES _____ NO _____ OTHER _____ IF BUS SPECIFY BUS#: _____

DETAILED DESCRIPTION OF ACCIDENT OR INCIDENT: _____

NATURE OF INJURY (INJURED'S COMPLAINTS AND YOUR OWN OBSERVATIONS): _____

WAS FIRST AID ADMINISTERED BY ADULT? YES _____ NO _____ If so describe: _____

DID YOU WITNESS THE ACCIDENT? YES _____ NO _____

NAME OF ADULT IN CHARGE WHEN ACCIDENT OCCURRED: _____

REFERRED TO SCHOOL NURSE? YES _____ NO _____

SEEN BY NURSE? YES _____ NO _____ NURSE'S SIGNATURE: _____

NATURE OF TREATMENT/OBSERVATIONS: _____

SEEN BY PHYSICIAN/DENTIST? YES _____ NO _____

NAME: _____

DATE: _____ TAKEN TO HOSPITAL/DENTAL OFFICE? YES _____ NO _____

BY WHOM? _____ NAME OF FACILITY: _____

PARENT INFORMED: BY NOTE _____ BY PHONE _____ OTHER _____

ADDITIONAL REMARKS: _____

STUDENT SENT HOME FROM SCHOOL? YES _____ NO _____ WITH WHOM: _____

TIME: _____

SIGNATURE OF PERSON MAKING REPORT

PRINCIPAL'S SIGNATURE

DATE OF REPORT: _____

(ROUTING OF 3 COPIES OF FORM-ORIGINAL TO FILE, 2ND & 3RD TO SAU)

Approved: 6/5/00

Reaffirmed: 4/17/06, 3/3/09, **01/08/2024**

Governor Wentworth Regional School District Policy