

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)

This Administrative Form accompanies:
Policy **EBBB**: Revised **1/08/2024**