

STUDENT ACCIDENT REPORT

Student Name: _____ DOB: _____

Grade: _____ School: _____

Date: _____ Time: _____ Person Reporting: _____

Witnessed: Y/N Names (only names of adults) _____

Location of Accident _____

Describe how the incident/injury occurred (Do not indicate first aid treatment - enter that information in the PowerSchool):

Parents/Guardians were notified: Yes No Name: _____

Time: _____ Student returned to class: _____ Student dismissed: _____

Advised to see Physician: _____ 911 Called _____

School Nurse's Signature: _____ Date: _____

Administrator's Signature: _____ Date: _____

Original form to Student Cumulative File
Copy of form to Superintendent's Office

Administrative Procedure Approved: 5/4/10; Revised: 3/20/18; Revised: 5/8/25