

STUDENT ACCIDENT REPORT

This report is to be filled out at once by the person responsible for the student at the time of any and all accidents during any school activity and immediately sent to HR.

Building or Location: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Activity: \_\_\_\_\_

Describe what happened including injured part of body:

Place: \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_

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Witnesses (if any): \_\_\_\_\_

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Action taken (if any); if none, say none:

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Parent/Guardian notified: \_\_\_\_\_ YES \_\_\_\_\_ NO If yes, time notified: \_\_\_\_\_

If no, explain: \_\_\_\_\_

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Signature of person completing report \_\_\_\_\_

\_\_\_\_\_ Date

5/23/24