

**Student Accident
Notification of Injury**

PART I – SCHOOL REPORT

Name of School		Phone Number	School District		
Student Name (Last, First, Middle)		SSN XXX-XX-XXXX	Grade	Date of Birth	Sex
					Is Student Homeschooled?
Nature of Injury - Please describe fully indicating what body part was injured – i.e. broken arm, sprained ankle, etc.					
Describe how accident occurred - Use a separate sheet if needed. Must be a bodily injury directly due to a covered accident					
Did accident occur (Yes or No)		Date of Accident		Name of Activity	
While student was supervised?					
During sponsored activity?					
During programmed hours?					
On activity premises?					
While traveling directly and without interruption to or from home premises and school for regular school sessions or school sponsored and supervised activities?					
		Time of Accident		Name and Title of Supervisor	
		Place of Accident			
Signature of School Officer		Title		Date	
Name of Father or Guardian:			Name of Mother or Guardian:		
Address of Parents of Guardian		City	State	Zip	Phone Number
Name / Address / Telephone of Father's or Guardian's Employer			Name / Address / Telephone of Mother's or Guardian's Employer		
Parent Signature					
Parent email address					

PREPARER'S CONTACT INFORMATION

Preparer's Name	Preparer's Phone	Preparer's Email