

Ravenna Public Schools
2018 – 2019 Student Accident Report Form

(To be filled out by a staff member at the time of the accident and returned to Central Office
within 48 hours.)

Name _____ Grade _____ Coach/Teacher _____

Address _____ Phone _____

City & Zip _____ Date of Birth _____

Date of Injury _____ Hour of Injury _____ a.m. or p.m.

Building: Beechnau Middle High Other (Explain) _____

Was the student participating in Class Activity (Explain) _____

Sport (Explain) _____

Part of Body Injured: Right Left Body Part: _____

Detailed description of events that led up to the injury: _____

Name of School Authority Supervising the Activity: _____

Names of two witnesses: _____

Were Parents/Guardian Notified? Yes When? _____ No

Care given: _____

Person making the report: _____ Date: _____

Original to: Central Office
Copies to: Parent
CA-60

July 12, 2018