



Student Accident/Incident Report Form

Name _____ Date _____
School _____ Sex M F Date of Birth _____ Grade _____
Month/Date/Year
Parent/Guardian's Name _____ Home Phone _____
Address _____ Work Phone _____
Cell Phone _____

TO BE COMPLETED BY AN ADULT

Accident/Incident Location _____ Date _____ Time _____

Description of Injury/Incident (i.e. cut, burn, bruise, part of body involved, state what was seen, felt). Do not use another student's name.

Which side of body was injured? right left

Describe how injury/incident occurred

Describe First Aid Given

If head injury, was Head Injury Information Sheet Sent? Yes No

Adult at Scene _____ Witness _____

Who gave First Aid _____ Parent Notified Yes No

Response _____

Person completing this form: _____ Title _____

FOLLOW UP - Complete before distributing copies

Student seen by doctor? Yes No Date _____ Time _____ Doctor/Facility _____

Diagnosis and Treatment _____

School missed as result of accident/incident Yes No Days _____

Remarks _____

Principal's Signature _____