

# REPORT OF ACCIDENT

## School Jurisdiction Accidents

In the event of a student accident on the school premises or on the way to or from school, the teacher or supervising staff member must complete this report. In the event of an employee accident on the school premises or on the way to or from school, the employee (or witness in the event the employee is unable to) will complete this report. This completed report must be signed by the building principal and returned to the school nurse. A copy of this report must be forwarded to the district office.

Date of Accident: \_\_\_\_\_ Time: \_\_\_\_\_ (AM or PM)

Name of injured: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Is this person a student or staff member? (circle one)

Supervising staff member at time of accident (if student): \_\_\_\_\_

\_\_\_\_\_

Building and place of accident: \_\_\_\_\_

\_\_\_\_\_

Description of accident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Description of injury: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Was first aide given? \_\_\_\_\_ Describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name(s) and title of person(s) administering first aide: \_\_\_\_\_

Was this accident caused by another person(s)? \_\_\_\_Yes \_\_\_\_No

Name(s) of person(s) responsible for accident: \_\_\_\_\_

Did this accident require a doctor's/hospitals attention: \_\_\_\_Yes \_\_\_\_No

If yes, name and address of doctor/hospital: \_\_\_\_\_

Did this accident cause the student or employee to miss one-half day of school/work or more: \_\_\_\_\_Yes \_\_\_\_\_No

Date and time of parent/guardian notification (students only): \_\_\_\_\_

Witnesses to the accident:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

\_\_\_\_\_  
School Nurse/Trainer Signature

\_\_\_\_\_  
Building Principal Signature

\_\_\_\_\_  
Staff member Completing Report

\_\_\_\_\_  
District Office Use Only:

Date Received: \_\_\_\_\_

Notification sent: \_\_\_\_\_ By: \_\_\_\_\_