

COOPERSTOWN CENTRAL SCHOOL
STUDENT ACCIDENT REPORT FORM

Please complete this form after every incident and return to the Athletic Director for sport related injuries and the School Nurse for all other injuries.

Student's Name _____ DOB _____ Grade _____

Date of Incident _____ Time _____ Place _____ Sport/Activity _____

Name of Parent/Guardian _____

Address _____ Phone _____

Witnesses _____

Description of Incident/What happened?/How did it happen?

Where were you when it incident occurred? _____

Part of body injured: Right _____

Or

Left _____

First Aid given _____

By Whom: _____

Did the student see a doctor? _____ If yes, whom? _____

Remarks:

Name of individual filing report (please print)

Signature of individual filing report

Title

Date