

# BHCUSD#8

## STUDENT ACCIDENT REPORT FORM

NAME OF STUDENT: \_\_\_\_\_ GRADE: \_\_\_\_\_

DATE OF EMERGENCY: \_\_\_\_\_ CLOCK TIME OF EMERGENCY: \_\_\_\_\_

REPORTING TEACHER/STAFF MEMBER/COACH/SPONSOR: \_\_\_\_\_

DESCRIPTION OF INJURY/ILLNESS: \_\_\_\_\_

FIRST-AID RENDERED: \_\_\_\_\_

\_\_\_\_\_

### CONTINUE REPORT FOR ACCIDENTS ONLY

LOCATION ON SCHOOL PROPERTY WHERE ACCIDENT OCCURRED: \_\_\_\_\_

\_\_\_\_\_

DESCRIBE HOW THE ACCIDENT HAPPENED: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

IF SCHOOL EQUIPMENT WAS INVOLVED, WAS IT:

(a) FACULTY \_\_\_\_\_ (b) IMPROPERLY USED \_\_\_\_\_ (c) OTHER \_\_\_\_\_

RECORD THE PERTINENT FACTS SURROUNDING THE ACCIDENT. USE REVERSE SIDE OF FORM IF NECESSARY.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE

\_\_\_\_\_

SIGNATURE OF PERSON HANDLING EMERGENCY

