STUDENT ACCIDENT REPORT FORM

Name of Student: ______________________________ Grade: __________

Date of emergency: ___________________________ Clock time of emergency: _________________

Reporting teacher/staff member/coach/sponsor: ____________________________________________

Description of injury or illness: __________________________________________________________

First-aid rendered: ____________________________________________________________________

___________________________________________________________________________________

CONTINUE REPORT FOR ACCIDENTS ONLY

Location on school property where accident occurred: ______________________________________

___________________________________________________________________________________

Classroom, gym, playground cafeteria, etc.

Describe how the accident happened: ______________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

If school equipment was involved, was it: (a) faulty ________, (b) improperly used ___________,

(c) other ____________.

Record the pertinent facts surrounding the accident. Use reverse side of form if necessary. __________

___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

__________________________________________

Signature of person handling emergency