

**SHARON COMMUNITY SCHOOL
STUDENT ACCIDENT REPORT**

Name of Injured: _____ Age: _____ Grade: _____

Date of Injury: _____ Time of Injury: _____

Who was supervising at time of injury: _____

Was he/she a witness: Yes No

Whom was injury reported to: _____ Date/Time: _____

Activity participating in when accident occurred:

Interscholastic Sports

___ Practice ___ Game ___ Travel

What Sport? _____

Non-interscholastic Sports

___ Travel to/from school

___ In Classroom

___ Physical Education

___ On School Grounds

___ Non-school Activity

___ Other - Activity: _____

Part of body injured: _____ Right Left

Describe in detail how and where the injury occurred: _____

Was First Aid Administered: Yes No

If yes, what type of First Aid: _____

Administered by whom: _____

Referred to Doctor: Yes No

Name of Parent/Guardian: _____

Address: _____ Telephone: _____

Who was called: ___ Parent/Guardian ___ Doctor ___ Other : _____

Person completing this form: _____ Date: _____