

ACCIDENT REPORT

INSTRUCTIONS:

1. Complete report on the day of occurrence.
2. In case of serious injury, signed statements of witnesses should accompany report.
3. If any portion of this report is not applicable, indicate "N/A".

PERSON INJURED

NAME: _____

NATURE OF INJURY: _____

_____ACCIDENT

DATE: _____

TIME: _____

LOCATION: _____

DESCRIPTION OF ACCIDENT: _____

NAME OF PERSON(S) ON DUTY: _____

NAME(S) OF OTHER WITNESS(ES): _____

_____TYPE OF FIRST AID ADMINISTERED: _____

_____PARENT/RELATIVE CONTACTED

NAME: _____

RELATIONSHIP TO INJURED: _____

WAS STUDENT SENT HOME? _____

ADDITIONAL INFORMATION

SIGNATURE OF PERSON ON DUTY: _____

DATE: _____

SIGNATURE OF SCHOOL OFFICIAL: _____

DATE: _____

NOTE: THE CONTENTS OF THIS REPORT DO NOT CONSTITUTE ANY ADMISSION OF LIABILITY ON THE PART OF THE SCHOOL SYSTEM OR ANY EMPLOYEE THEREOF.