

Smith County Schools

Student Accident Report

School _____ Principal _____

Name of injured _____ Grade _____

Date of Accident _____ Time _____

Place Accident Occurred _____

Nature of Accident (elaborate) _____

Witnesses:

Witness Explanation:

1. _____

2. _____

3. _____

4. _____

**use back of form if necessary

Report to Parent(s) (Summarize Conversation) _____

Send one copy to the superintendent's office; retain one copy for individual school.

Signature of Supervising Personnel

Signature of Principal