SCHOOL TOWN OF HIGHLAND
Accident Report Form

Date of Report:_____
Date of Accident:_____
Time of Accident:_____

Student Accident ☐
Employee Accident ☐
Other:_____

Place of Injury:_____
Person Injured:_____
Address of injured person:_____
_____
Phone # of Injured:_____

Explain how accident happened:

_____
_____
_____

Nature of injury.(as observed at time of accident): Please be specific (example: right/leg arm)

_____
_____

Action taken and/or treatment given at school or work place:

_____
_____

Was professional treatment required? Yes ☐ No ☐
Address: _____

Were parents notified? (student injury) Yes ☐ No ☐
Parent Reaction:_____

Did you notify your immediate supervisor? (employee injury) Yes ☐ No ☐

Did you notify the office? (other injury) Yes ☐ No ☐

Comments:_____
_____
_____
_____

PLEASE RETURN THIS FORM TO BUILDING PRINCIPAL OR SUPERVISOR

_____ _____
Principal/Supervisor Signature Date