

Accident Report Form

Name of the Student: _____

Date of Incident: _____ Time of Incident: _____

Supervisor in Charge: _____

Other Students involved: _____

Brief Description of areas of the body that were injured during the incident (ex: left leg bruised, right shoulder swollen).

List of steps taken to care for the injured.

List of family members who were contacted about the incident.

Signature of staff completing form: _____

Signature of Administrator in charge: _____