STUDENTS 3431F

Accident Report

This form is	to be completed by	th		mployee(s) as soo Print or Type.	n as j	possible afte	er an acciden	t occurs.	
District Name			Scho	School Name					
Principal's Name									
Date of Accident: Time: Date of Accident: Supervising Employee									
					CI VI S	g 2p.o,			
Claimant's Nam	e		Name						
Claimant's Addr		First Name			Middle Initial				
Claimant's Address					State			ZIP Code	
Claimant's SS # Home Phone Number ()									
	Date of Bi								
Parent's Name (i	f student)			Work Pho	ne Ni	umber (_)		
		1							
Nature of Injury			Place o	of Accident		Body Part Injured			
☐ Scratch	☐ Concussion		☐ Classroom	☐ Gymnasium		☐ Ankle	□ Foot	□ Leg	
☐ Fracture	☐ Head Injury		☐ Hallway	☐ Parking Lot		□ Arm	☐ Face	□ Nose	
☐ Bruise	☐ Sprain/Strain		☐ Bathroom	☐ Sidewalk		☐ Back	☐ Finger	☐ Teeth	
□ Burn	☐ Cut/Puncture		☐ Cafeteria	☐ Stairs		□ Neck	☐ Hand	□ Wrist	
☐ Dislocation	☐ Bite		☐ Playground	☐ Athletic Field		□ Eye	☐ Knee	☐ Shoulde	
☐ Other			Other			☐ Other			
Describe accid	ent and injury in	det	ail (attach add	litional descriptio	on as	necessary):		
Were efforts m	ade to contact the	pa	rent/guardian a	bout the accident	t? □	Yes □ No			
Was first aid ac	lministered? □ Ye	es	□ No	By whom?					
Was the studen	t □ Sent home □	Se	nt to physician	☐ Sent to hospi	tal				
	red by Student Ac				If "	yes," pleas	e list Compa	any Name,	
-	ospital treatment I bills, if available		s required, ple	ase complete the	e foll	owing infor	rmation. (At	tach a	
Name and addr	ress of doctor or ho	osp	ital						
	ne, Address, and I								
Signat	ture/Name of Pe	rsc	on Completin	g the Report			Date		