

ACCIDENT REPORT (STUDENT)

INJURED STUDENT'S NAME

DATE OF INCIDENT

TIME

INJURED STUDENT'S ADDRESS AND PHONE NUMBER

SCHOOL SITE

LOCATION OF CAMPUS WHERE ACCIDENT OCCURRED

DESCRIBE WHAT HAPPENED: _____

DESCRIBE INJURY: _____

SCHOOL EMPLOYEES OR VOLUNTEERS WHO WITNESSED INCIDENT:

NAME

ADDRESS

PHONE NO.

MEDICAL RESPONSE

WAS MEDICAL ATTENTION NEEDED OR PROVIDED?

FIRST AID GIVEN: YES ☐ NO ☐

AMBULANCE YES ☐ NO ☐

911 CALLED? YES ☐ NO ☐

OTHER WITNESS CONTACT INFORMATION

NAME

ADDRESS

PHONE NO.

FOLLOW-UP (IF APPLICABLE): _____

TEACHER/SITE ADMINISTRATOR SIGNATURE

DATE