

**STUDENT ACCIDENT REPORT**

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Date \_\_\_\_\_ Time of Accident \_\_\_\_\_

Description of accident and extent of injury: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ACTION TAKEN:**

First aid treatment given \_\_\_\_\_

\_\_\_\_\_ By \_\_\_\_\_  
(name)

Sent to school nurse or other responsible person?    yes    no    (circle one)  
By \_\_\_\_\_  
(name)

Sent home?    yes    no    (circle one)    By \_\_\_\_\_  
(name)

Sent to physician? \_\_\_\_\_ By \_\_\_\_\_  
(Physician's Name)    (name)

Sent to hospital? \_\_\_\_\_ By \_\_\_\_\_  
(Name of Hospital)    (name)

Was parent, guardian, or other responsible individual notified?    yes    no

Person notified \_\_\_\_\_ Exact time \_\_\_\_\_

Means of notification \_\_\_\_\_ By \_\_\_\_\_  
(name)

**WITNESSES TO ACCIDENT**

Name \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_