

SCHOOL: _____

School Accident Report

Name _____ Grade _____

Address _____

Parent/Guardian _____

Date of Birth _____

Date/Time of Accident _____
(DATE) (TIME)

Place (Specific) _____

Activity (Sport/Other) _____

School Connected _____ Non-School _____

Type of Injury _____

Type of Accident (How did it occur):

Parent / Guardian Notified:
Name: _____
Date: _____
Time: _____

Name and Date of First Visit
First Aid By _____
Visited Nurse _____
Visited Doctor _____
Hospital _____

Explanation of Treatment: _____

Type of Insurance: School-time _____ Round-The-Clock _____ None _____

Other _____ Date of Report: _____
(YES) (NO)

Date Insurance Form Sent to Doctor/Hospital: _____

(Coach /Teacher)

(Principal/Assistant Principal)