



Michael W. Brown
SENIOR DIRECTOR

Student Accident Report

Name _____ School Name: _____
LAST FIRST MIDDLE Grade: _____
Student Number: _____ Sex: M ___ F ___ Birth Date: _____
Home Address: _____ Time of the Accident: _____
CITY STATE ZIP Date of the Accident: _____

DETAILS OF ACCIDENT:

Location of the accident (playground, hall, etc): _____
Part of body injured: _____
Type of injury (laceration, fracture, etc): _____
Describe what happened: _____

If playground equipment was involved, state which: _____

First Aid Treatment:

Was Parent Guardian Notified? Yes ___ No ___ Name _____ Phone _____
Who Contacted Parent _____ Time _____ Results _____
To whom was student released _____
What type of medical care was provided? _____
Who administered medical care? _____

Witnesses: List All witnesses- use more pages if necessary

Name of Adult in charge when accident occurred _____
Adult Witness: Name _____
Address _____ Phone _____
Student Witness Name: _____
Address: _____ Phone _____

Did the student miss time from school or suffer disability? _____

Signed by Principal _____ Date _____

**PLEASE COMPLETE FORM AND RETURN TO RISK
MANAGEMENT. ATTACH DIAGRAMS, STATEMENTS AS NECESSARY**