



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: _____
 _____ Date of the Accident: _____
CITY *STATE* *ZIP*

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