



ALBUQUERQUE PUBLIC SCHOOLS
STUDENT ACCIDENT REPORT

NAME _____ SCHOOL NAME _____
LAST FIRST MIDDLE
STUDENT NUMBER _____ SCHOOL LOC. NO. _____
HOME ADDRESS _____ TIME OF ACCIDENT _____
ZIP _____ DATE OF ACCIDENT _____
SOCIAL SECURITY NUMBER _____ BIRTH DATE _____
GRADE _____ SEX: M ___ F ___

DETAILS OF ACCIDENT:

LOCATION OF 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 PROVIDED _____
WHO ADMINISTERED MEDICAL CARE _____

WITNESSES: LIST ALL WITNESSES - USE MORE PAGES IF NECESSARY

NAME OF ADULT IN CHARGE WHEN ACCIDENT OCCURRED _____
ADULT WITNESSES: NAME _____
ADDRESS _____ PHONE _____
STUDENT WITNESS NAME: _____
ADDRESS _____ PHONE _____

DID THE STUDENT MISS TIME FROM SCHOOL OR SUFFER DISABILITY? _____
DID THE INJURED VIOLATE SCHOOL RULES? YES ___ NO ___ WHICH? _____

SIGNED BY PRINCIPAL _____ DATE _____

**PLEASE COMPLETE THIS FORM WITHIN 3 DAYS OF THE ACCIDENT
ATTACH DIAGRAMS, STATEMENTS AS NECESSARY**

ORIGINAL - RISK MANAGEMENT
YELLOW - CUM FOLDER
PINK - PRINCIPAL
GOLDEN ROD- NURSE/TEACHER