

Student Accident Report



School:					Code:	
Student:				Age:		Grade:
Date:				Time:		
Location of Accident:						
Description of Injury:						
Brief Account of Accident/Incident:						
First Aid Administered:					By:	
Parent Contacted?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Other:	
Time of Contact:					Details:	
Hospital/Clinic?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Explain:	
Other Treatment?	Describe:					
Other Details:						
Supervisor(s)/Teacher(s)					Phone:	
					Phone:	
					Phone:	
Witness(es)	<i>Name:</i>				<i>Phone:</i>	
	<i>Name:</i>				<i>Phone:</i>	
	<i>Name:</i>				<i>Phone:</i>	
	<i>Name:</i>				<i>Phone:</i>	
Report Submitted:	Date:				Signature:	
Signature of School Administrator:						
Date/Time Faxed to Central Office:						

Keep Original in School File – Fax or email copy to Central Office
 Fax – 403-653-4641