

STUDENT ACCIDENT REPORT

In order to cooperate with the Policy Department, Safety Council and Insurance Liability, please send this completed form to the Board Office immediately after any student accident has occurred.

Teachers/Staff should report to their Principals/Supervisors all accidents that come to their attention. This includes all accidents that occur at school, to and from school on the bus, school grounds/playgrounds, or elsewhere.

Name of Student: _____ **Grade:** _____

Name of Parents/Guardians: _____

Phone: _____

Date of accident: _____ **Time:** _____

Location of accident: (Be specific): _____

Accident witnessed by: _____

Give a description of accident: _____

Identity parts of body involved/injured: _____

Identity the object which directly caused the injury: _____

Parents/Guardians Notified: Y/N: _____ **Date & Time Notified:** _____

Name of Parent Notified: _____

Was Child Picked Up: Y/N: _____ **Date & Time Picked Up:** _____

Picked Up By Whom: _____

Form completed by: _____