

SCHOOL ACCIDENT REPORT FORM

Please complete and return this form to the Superintendent's Office within 48 hours after accident or injury has occurred.

TIME AND PLACE OF ACCIDENT

Date of Injury _____ Time _____

Place of Accident _____

INJURED PERSON

Name _____ Age _____

Address _____

Parent's Name (if dependent student) _____

What was injured doing when hurt? _____

Description of Injury _____

Action Taken _____

Date of Report _____ Reported By _____

Title _____

Building Principal _____

Please phone Superintendent's Office at 267-9223 with any serious or medical emergency. Nurses can make follow-up report on reverse side.