



# STUDENT ACCIDENT REPORT

(INJURY TO STUDENTS AND OTHERS NOT IN THE EMPLOY OF THE SCHOOL BOARD)

School: \_\_\_\_\_

1. Full name of student \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

2. Address \_\_\_\_\_ Sex  M  F

3. Name of Parent or Guardian \_\_\_\_\_

4. Is the student insured under student accident policy? Yes  No  Unknown

5. Time accident occurred: Date \_\_\_\_\_ Time: \_\_\_\_\_

6. Place of accident: School Building  School Grounds  Elsewhere

7. Specific Location: \_\_\_\_\_

8. Description of accident: How did the accident happen? What was the student doing?  
\_\_\_\_\_

9. Name of witnesses: \_\_\_\_\_

10. Nature and extent of injury: \_\_\_\_\_  
\_\_\_\_\_

11. Action taken:

Was First Aid rendered? Yes  No  By whom? \_\_\_\_\_

Was child taken to doctor? Yes  No  Name of Doctor \_\_\_\_\_

Was child taken to Hospital? Yes  No  Hospital \_\_\_\_\_

Attending Physician \_\_\_\_\_

Was parent notified? Yes  No  If answer is no, state reason: \_\_\_\_\_

12. Illustrate by sketch if necessary.(on reverse of form)

13. Name of teacher in charge when accident occurred: \_\_\_\_\_

Principal's Signature

Date

**PLEASE COMPLETE 2 COPIES OF THIS FORM. KEEP ONE COPY, SEND THE ORIGINAL TO THE HEALTH AND SAFETY OFFICER.**