

REPORT OF ACCIDENT School/Site \_\_\_\_\_ Date of Accident \_\_\_\_\_ Time of Accident \_\_\_\_\_

USE OF FORM: Use form when significant accident occurs on school property involving a student, employee or visitor that

- 1. Requires medical attention beyond first aid or
- 2. Could have resulted in a more serious injury than actually occurred.
- 3. A copy of report must be filed at the school district office within one week of accident.

1. Name of injured \_\_\_\_\_ Student \_\_\_\_\_ Employee \_\_\_\_\_ Visitor \_\_\_\_\_

2. Address and phone number, if visitor \_\_\_\_\_

3. Witness(s) None \_\_\_\_\_ Yes \_\_\_\_\_ Name(s) \_\_\_\_\_

4. Nature of Injury (Indicate part(s) of body involved; sprain, cut, fracture, etc.)\* \_\_\_\_\_

5. What was the person involved doing when accident occurred?\*

6. If student was involved, name staff member in charge: \_\_\_\_\_

7. Immediate Action Taken: (Complete all that apply)

		Date/Time
a. First aid treatment	_____ by (name) _____	_____
b. 911 phoned	_____ by (name) _____	_____
c. Principal notified	_____ by (name) _____	_____
d. Parent or other notified	_____ by (name) _____	_____
e. Sent home	_____ by (name) _____	_____
f. Sent to physician	_____ by (name) _____	_____
g. Sent to hospital	_____ by (name) _____	_____

8. Do you know if there have been close/minor accidents in the same area or activity?\* \_\_\_\_\_ If yes, please describe:

9. What can be done to prevent future accidents?\*

\*(Use reverse side if additional space is needed.)

\_\_\_\_\_  
Signature of Person Reporting

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Administrator

\_\_\_\_\_  
Date