



STUDENT ACCIDENT REPORT FORM

School _____ Student ID# _____

Date of Accident _____ Time _____ AM PM (circle one)

Student _____ Gender _____ Grade _____

Address _____

Street City Zip

* Describe the type of injury/illness _____

* What caused the accident/illness? _____

* Where did the accident/illness occur? _____

* Who witnessed the accident/illness? _____

* First aid treatment administered _____

_____ By whom? _____

Parent/Guardian notified? _____ Yes _____ No Name _____

Relationship _____ By whom _____ Time _____

* Head Injury Precautions form completed and sent home? _____ Yes _____ No

Nurse/Doctor notified? _____ Yes _____ No Name _____

By whom _____ Time _____ AM PM (circle one)

Did student leave school for medical attention? ___ Yes ___ No With whom? _____

* What can be done to prevent future accidents/illnesses like this one from recurring? _____

***See 2nd page for more detailed instructions.**

Signature of person preparing report Date Principal Date

Distribution: Original – Human Resources Copy – School File

GUIDELINES FOR PREPARATION OF STUDENT ACCIDENT/ILLNESS REPORT FORM

- Describe the type of injury/illness
 - Cut left finger
 - Abrasions on right knee
 - Sprained left ankle
 - Fainted: chipped tooth
- What caused the accident/illness
 - Pushed by another student
 - Ran into a wall
 - Tripped on stairs
- Where did the accident/illness occur
 - Football field
 - Classroom
 - Gym
 - Weight room
 - Locker room
- Who witnessed the accident/illness:
 - Teacher
 - Campus Monitor
 - Student
 - Provide names if known
- First aid treatment:
 - Band-Aid
 - Ice Pack
- Future accident/illness prevention:
 - Identify any obvious changes to facilities
 - Keep floors dry
 - Don't run in the building
 - Don't jump down stairs

Distribution: Copy of student accident/illness report should be maintained at school for three (3) years.