

ACCIDENT REPORT OF STUDENT INJURY AT SCHOOL

Parent's Phone Number: \_\_\_\_\_

Alternate Parent's Phone Number: \_\_\_\_\_

Name of Student: \_\_\_\_\_ Grade \_\_\_\_\_

Address: \_\_\_\_\_

Date of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Please write a brief description of what occurred:

Please list any eye witnesses to the incident (attach their statements, if any, to this report):

Please indicate what procedure was taken to resolve the incident:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

Accident reports will be completed and returned to the office of the respective principal within 24 hours of the incident by employee witnessing any event involving injury to a student. The superintendent will receive a copy of the report of any incident involving need for doctor's care or hospitalization. Reports will be kept in the office for the year and then filed in the student's cumulative folder.

Approved: June 29, 2015

