

ACCIDENT REPORT

This report is to be filled out at once by the person responsible for the student at the time of any and all accidents during any school activity.

Building or Location: _____

Student's Name: _____ Grade: _____

Address: _____ Phone: _____

Parent/Guardian: _____

Activity: _____

Describe what happened:

Place: _____ Time: _____ Date: _____

Witnesses (if any): _____

Action taken (if any), if none say none:

Parent/Guardian notified: ____ YES ____ NO If yes, when: _____

If no, explain: _____

PLEASE RETURN THIS FORM TO THE HEALTH OFFICE.

Signature of person completing report _____

Date _____