

STUDENT ACCIDENT REPORT FORM

Name of Student: _____ Grade: _____

Date of emergency: _____ Clock time of emergency: _____

Reporting teacher/staff member/coach/sponsor: _____

Description of injury or illness: _____

First-aid rendered: _____

CONTINUE REPORT FOR ACCIDENTS ONLY

Location on school property where accident occurred: _____

Classroom, gym, playground cafeteria, etc.

Describe how the accident happened: _____

If school equipment was involved, was it: (a) faulty _____, (b) improperly used _____,

(c) other _____.

Record the pertinent facts surrounding the accident. Use reverse side of form if necessary. _____

Signature of person handling emergency