



**STUDENT INJURY /
ACCIDENT REPORT**

Name of Student: _____ **Grade:** ____ **Age:** ____ **Gender:** ____

Address: _____

Parent Phone Number: _____ **Student Phone Number:** _____

Parent Email: _____ **Student Email:** _____

Class/Place where accident occurred: _____

Day/Date/Time where accident occurred: _____

State briefly, but completely, what happened: _____

Were there witnesses? Yes: ____ No: ____ Names: _____

Date accident was reported: _____

Description of injury: _____

Did the student see the school nurse? Yes: _____ No: _____

Nurse Signature (if yes): _____

Printed Name of person who rendered first aid: _____

Signature of person who rendered first aid: _____

Description of first aid rendered: _____

When/how parents were notified: _____

Disposition of case (home, hospital, other): _____

Method of transportation: _____

Attending physician's name / when called: _____

Who requested to call physician? _____

Signature of person reporting accident: _____