

Name of Injured Student: _____

Name of Address of Parent: _____

Phone Number(s): _____

Age: _____ Sex: _____ Grade: _____ School: _____

Place where accident occurred: _____

Date: _____ Time of day: _____

Subject or activity during which accident occurred: _____

Details of accident provided by student or witness (identify source): _____

Nature of injury (part of body): _____

Witnesses: _____

Teacher in charge: _____ Parent notified by: _____

Type of first aid given: _____

Signed authorization to secure emergency care on file? _____

Number of school days missed: _____

Does injured person have school insurance? _____

Signature of reporting person

Signature of Principal

Date: _____

Date: _____

For Central Office Use Only:

Signature of Superintendent

Date: _____