

ACCIDENT REPORT FORM

Date of Report _____ School _____

Student Name _____ Incident Address _____

Gender _____ Age _____ Grade _____ _____

Date and Time of Accident _____

Describe the injury in detail and indicate the part of body affected.

What was the person doing when injured?

How did the accident occur?

Name of the object/substance that directly injured the student?

If treated, what is the name and address of the physician or hospital where the person received care?

Draw a diagram of the where the incident occurred (surrounding equipment, etc.) as well the location of the injury. Attach any photos taken of the area.

Prepared by _____ School Nurse _____

Principal _____