



STUDENT ACCIDENT REPORT

(Not for employee accidents)

Clear Form

TO BE COMPLETED IMMEDIATELY

The school employee who either witnesses the student injury or is supervising the student at the time of injury should complete this form, if possible. The report should be submitted immediately to the principal's office. Should other pertinent facts develop, notify the principal's office by means of a supplemental report. Please provide a copy of this report to the district business office.

SCHOOL / SITE NAME		SCHOOL PHONE NUMBER ()
SCHOOL ADDRESS		
STUDENT'S NAME	DATE OF BIRTH	HOME PHONE NUMBER ()
HOME ADDRESS		STUDENT ID#
WHERE DID ACCIDENT OCCUR?	DATE	TIME
HOW DID ACCIDENT OCCUR?		
WITNESSES PRESENT AT TIME OF ACCIDENT		
NAME	ADDRESS	PHONE NUMBER
		()
		()
		()
NATURE OF INJURY		
DISPOSITION OF INJURED STUDENT: <input type="checkbox"/> RETURN TO CLASS <input type="checkbox"/> HOME <input type="checkbox"/> DOCTOR <input type="checkbox"/> 911/HOSPITAL		
COMMENTS		
SIGNATURE OF PERSON REPORTING	SIGNATURE OF PRINCIPAL	DATE

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