

STUDENT ACCIDENT / INJURY REPORT

Student Name _____ Grade _____

Parent/Guardian _____ School _____

Date of accident/injury ____-____-____ Time ____:____ AM/PM (circle)

Where and how did accident occur? _____

Witnesses to incident _____

Type/nature of incident _____

First aid observations/treatments _____

Parents notified _____yes (time ____:____) AM/PM(circle) _____no

Referred to _____M.D. Other (specify) _____Time ____:____AM/PM

Transferred _____yes By Whom? (specify) _____Time ____:____AM/PM

M.D. Report _____

(signature of person completing report)

(date)

Send original copy with student

CC

Principal

Health file

Athletic Director