

**TO BE COMPLETED IMMEDIATELY**

The school employee who either witnesses the injury or is supervising at the time of the injury should complete this form, if possible. The report should be submitted immediately to the Principal's office and then to the District Office for processing. Should other pertinent facts develop, notify the principal's office by means of a supplemental report. Please report only on the facts of the incident.

**ACCIDENT REPORT**

\_\_\_\_\_  
School District

School Site	School Site Contact Person
School Site Address	School Site Phone Number
Injured Parties Name	Date of Birth <span style="float:right">Grade</span>
Home Address	Home Phone Number
Where Did Incident Occur?	
Date of Incident	Time of Incident

How Did Incident Occur?  
\_\_\_\_\_  
\_\_\_\_\_

Employee in Charge of Injured Party at the Time of the Incident?	Was the Employee Present at the Time of the Incident? <input type="checkbox"/> Yes <input type="checkbox"/> No
Was a School Rule Violated? <input type="checkbox"/> Yes <input type="checkbox"/> No	

If Yes, Explain  
\_\_\_\_\_  
\_\_\_\_\_

Nature of the Injury	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No
First Aid Applied? <input type="checkbox"/> Yes <input type="checkbox"/> No	By Whom?

Did the Injured Party Waive the Volunteer Accident Insurance Coverage?  Yes  No

If No, Name of Insurance Company and Policy Number \_\_\_\_\_

How, and by whom, was the parent informed?

- Parent came to school and indicated they were taking the child:  home  for medical attention
- Parent requested that the child remain in school and return home via usual transportation
- Other \_\_\_\_\_

If 911 was called, complete the following:

- Paramedics transported the student to any emergency room. Name of staff member who accompanied the student (if any): \_\_\_\_\_
- Paramedics provided care, waited for parent and recommended that the parent:  
 seek medical attention  take student home  other: \_\_\_\_\_

WITNESSES (Please list names and phone numbers of individuals who witnessed the incident)  
\_\_\_\_\_  
\_\_\_\_\_

COMMENTS  
\_\_\_\_\_  
\_\_\_\_\_

Report Submitted By	
Position	Date

**THIS IS INTENDED TO BE AN INTERNAL REPORT OF ACCIDENT INFORMATION**