TO BE COMPLETED IMMEDIATELY The school employee who either witnesses the injury or is supervising at	<u>ACCIDENT REPORT</u>
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	School District
the principal's office by means of a supplemental report. Please report	School District
only on the facts of the incident.	
School Site	School Site Contact Person
School Site Address	School Site Phone Number
Injured Parties Name	Date of Birth Grade
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?
	YesNo
Was a School Rule Violated? YesNo	
If Yes, Explain	
Nature of the Injury	Disabled? Yes No
First Aid Applied?	By Whom?
YesNo	
Did the Injured Party Weive the Velunteer Accident Insurance Coverage?	
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:
Parametics provided care, waited for parent and recommended that the parent.	
WITNESSES (Please list names and phone numbers of individuals who witnessed	i the incident)
COMMENTS	
Report Submitted By	
Position	Date
THIS IS INTENDED TO BE AN INTERNAL REPORT OF ACCIDENT INFORMATION	