



## Accident Report Form

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Accident Information	
Date: _____	Time: _____
Place: _____	
Witnesses: _____ _____	
Explain in detail how the accident occurred:	

Care Given by: \_\_\_\_\_

Person Administering Care: \_\_\_\_\_

Parent Contact: \_\_\_\_\_ Yes \_\_\_\_\_ No

Parent Response:

\_\_\_\_\_  
Signature of person filing report

\_\_\_\_\_  
Date

Complete this report the day of the occurrence and file with the secretary in the front office. Inform the campus administrator of the accident.