

ACCIDENT REPORT

SCHOOL: _____ DATE: _____

NAME: _____ TIME: _____

LOCATION OF
ACCIDENT: _____ CLASSROOM _____ PLAYGROUND _____ GYM _____ HALLWAY

TEACHER/SUPERVISOR ON DUTY:

HOW ACCIDENT
OCCURRED: _____

NATURE OF
INJURY: _____

FIRST AIDE
TREATMENT: _____

PERSON ADMINISTRATING FIRST
AID: _____

REFERRAL MADE FOR ADDITIONAL
TREATMENT: _____ YES _____ NO

IF YES, TO WHOM REFERRAL WAS
SENT: _____

WHEN: _____

WHY: _____

PARENT NOTIFIED? _____ YES _____ NO
BY: _____ PHONE _____ NOTE

NAME OF PERSON COMPLETING THIS
REPORT: _____

THIS ACCIDENT REPORT MUST BE FILED IN THE STUDENT'S HEALTH
FOLDER.

REVIEWED: August 24, 2015