

ACCIDENT REPORT

Date of Report: _____

Name of Injured Person: _____

Location of Injury _____

Date and Time of Injury: _____
Day/Date

Time - AM or PM _____

Description of Incident: include source of information, contributing factors, and other pertinent information. _____

(Continue on Back if Additional Space is Needed)

If the injured person is a student, complete the following:

Name of the supervising personnel? _____

Witnesses: _____

What first aid treatment was administered? _____

_____ By Whom

Were the Parents/Guardian notified? Yes _____ No _____
(Name of Parents or Guardian)

What was the Parents'/Guardians' decision? _____

Signature of person submitting report: _____ Date: _____
(If other than Principal)

Signature of Building Principal: _____ Date: _____

Reviewed: March 2006 by Policy Review Committee
By Policy Review Committee June 2010

Revised: Policy Manual Updated November 2006 to Reflect CASB
Recommendation