



Student Accident Report

School Name: _____

Name of Student Involved: _____ Age: _____

Home Room: _____ Grade: _____

Name of Reporting Staff Member: _____

Date of Accident: _____ Date Report Made: _____
(Day) (Mo.) (Yr.) (Day) (Mo.) (Yr.)

Accident Particulars: (time, location, activity, incident description, factors (unusual or otherwise),
observances, irregularities): _____

Action Taken by Staff Member in Charge: _____

First Aid or Medical Treatment: _____

Witnesses to Accident: _____, _____

Principal's Report: _____

1. Was an attempt made to contact parents?

a) Before child taken for medical attention

_____ YES _____

_____ NO _____

b) After child taken for medical attention

_____ YES _____

_____ NO _____

2. If parents were contacted, did they refuse or state they were unable to take the child for medical attention?

_____ REFUSED _____

_____ UNABLE _____

3. If refused or unable, please state reason given: _____

(Signature of Reporting Staff Member)

(Signature of Principal)

ORIGINAL

DIVISION OFFICE

PHOTOCOPY

SCHOOL FILE