

STUDENT ACCIDENT REPORT

Student's Name _____ School _____

Home Address _____

Time of Accident _____ A.M. P.M. Date _____

Accident Occurred in the _____ Program

Description of accident and extent of injury: _____

IMMEDIATE ACTION TAKEN:

First aid treatment _____ By _____

Sent home _____ By _____

Sent to physician _____ By _____
(Physician's Name)

Sent to hospital? _____ By _____
(Name of Hospital)

INFORMATION ON SCHOOL JURISDICTION

Name of Teacher in Charge _____

Present at Scene of Accident Yes _____ No _____

Was parent, guardian, or other responsible individual notified? Yes _____ No _____

Name of Individual Notified _____

By Whom? _____ When _____ How _____

Administrator's Signature Date

Instructor Signature Date