

ACCIDENT REPORT FORM

(To be completed by the teacher/supervisor/coach present at scene of accident)

Student's Name: _____

Telephone: _____

Address: _____

Parent/Guardian: _____

Date of injury: _____ Time of injury: _____

Part of body injured: _____

Description of accident (how and where did it occur): _____

Who observed accident/injury? _____

Was a faculty member present? _____ Who? _____

Action taken: _____

Person completing this report: _____

Date: _____

Principal Signature: _____ Date: _____