Accident Report

This form is to be completed by the appropriate employee(s) as soon as possible after an accident occurs. Please Print or Type.

District Name ______________________ School Name ______________________
Principal's Name ______________________ School Phone ______________________
Date of Accident: __________ Time: ____ ☐ AM ☐ PM Supervising Employee ______________

Claimant's Name ______________________ ______________________ ______________________
Last Name *First Name* *Middle Initial*
Claimant's Address ______________________ ______________________ ______________________
City *State* *ZIP Code*
Claimant's SS # ______________________ Home Phone Number (____) ______________________
Claimant's Age _______ Date of Birth ______________________ Sex __________ Grade ______________________
Parent's Name (if student) ______________________ Work Phone Number (____) ______________________

Nature of Injury	
☐ Scratch	☐ Concussion
☐ Fracture	☐ Head Injury
☐ Bruise	☐ Sprain/Strain
☐ Burn	☐ Cut/Puncture
☐ Dislocation	☐ Bite
☐ Other ______________	

Place of Accident	
☐ Classroom	☐ Gymnasium
☐ Hallway	☐ Parking Lot
☐ Bathroom	☐ Sidewalk
☐ Cafeteria	☐ Stairs
☐ Playground	☐ Athletic Field
☐ Other ______________	

Body Part Injured		
☐ Ankle	☐ Foot	☐ Leg
☐ Arm	☐ Face	☐ Nose
☐ Back	☐ Finger	☐ Teeth
☐ Neck	☐ Hand	☐ Wrist
☐ Eye	☐ Knee	☐ Shoulder
☐ Other ______________		

Describe accident and injury in detail (attach additional description as necessary): ______________

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Were efforts made to contact the parent/guardian about the accident? ☐ Yes ☐ No

Was first aid administered? ☐ Yes ☐ No By whom? ______________________

Was the student ☐ Sent home ☐ Sent to physician ☐ Sent to hospital

Is student covered by Student Accident Insurance? ☐ Yes ☐ No If "yes," please list Company Name, address, and phone number ______________________

If medical or hospital treatment was required, please complete the following information. (Attach a copy of medical bills, if available.)

Name and address of doctor or hospital ______________________

Witnesses (Name, Address, and Phone) ______________________

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______________________________________ ______________________
Signature/Name of Person Completing the Report *Date*

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