

**ACCIDENT REPORTS**

All accidents occurring in a classroom, on school property, or on buses, regardless of seriousness, must be reported to the school administration as promptly as possible.

Adoption date: June 21, 1993

**ACCIDENT REPORTS EXHIBIT**

Name of Student: \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_ Grade \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Accident: \_\_\_\_\_ Time \_\_\_\_\_ A.M./P.M.

Scene of Accident: \_\_\_\_\_

Extent of Injury: \_\_\_\_\_

Cause of Accident: \_\_\_\_\_

Witnesses: \_\_\_\_\_

\_\_\_\_\_

Was Parent/Guardian Contacted: \_\_\_\_\_

Was Child Taken Home? \_\_\_\_\_ Medical Center? \_\_\_\_\_

Type of Transportation Provided, If Necessary: \_\_\_\_\_

Type of First Aid Applied: \_\_\_\_\_

\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_

Signature of Person in Charge

\_\_\_\_\_

Signature of Building Principal

\_\_\_\_\_

Signature of School Nurse

Please send report to the Principal's Office as soon as possible.

Adoption date: June 21, 1993