

HENRY COUNTY SCHOOLS
STUDENT ACCIDENT REPORT

Name of Student _____ School _____

Address _____ Phone _____

Birth Date _____ Grade _____ Date of Accident _____ Time _____

Parent/Guardian _____

Specific description of injury _____

Complete statement of how accident happened: _____

Where did the accident occur? (Be specific) _____

Name of two or more eyewitnesses to the accident: _____

Who administered first aid? _____ Position _____

What first aid was given? (Be specific) _____

Notification to parents: Date _____ Time _____ By whom _____

Injured student sent: _____ back to class _____ to a private physician _____ home _____ hospital

If applicable, list the name and address of the physician or hospital which provided treatment at parent's expense:

Signature _____ Position _____

Principal's Signature _____

FOLLOW-UP REPORT

Did the injury necessitate absence from school? _____

Number of days absent as a result of the accident: _____

Additional pertinent information: _____

Place any additional comments or information on the back or attach to form.