

Student Information

Name of Student _____ School _____
Address _____ Phone _____
Birth Date _____ Grade _____ Date of Accident _____ Time _____
Parent/Guardian _____

Accident Information

Specific description of injury _____

Complete statement of how accident happened: _____

Where did the accident occur? (Be specific) _____

Name of eyewitnesses to the accident: _____

Treatment Information

What first aid was given? (Be specific) _____

Who administered first aid? _____ Position _____
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:

Authorization/Follow up

Signature _____ **Position** _____
Principal's Signature _____
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.