

RED ROCK CENTRAL SCHOOL STUDENT ACCIDENT REPORT

Student's Name:			
Grade:	Teacher:	Date of Accident:	Time:
Accident Happened During: <input type="checkbox"/> Phy. Ed. <input type="checkbox"/> Classroom <input type="checkbox"/> Recess <input type="checkbox"/> Before School <input type="checkbox"/> After School			
Where did the accident happen?			
Witness(es)?			
Body Part Injured:			
Possible type of injury (sprain, laceration, bruise, dislocation, fracture, concussion, etc.):			
Description of Accident (including activity, equipment involved, and cause):			

Initial First Aid (ice applied, cut cleaned, sent to the office):			
Was parent notified? <input type="checkbox"/> Yes <input type="checkbox"/> No By Whom: _____ Time: _____			
Signature of Person Reporting:			Date:
Comments:			

Principal:		Date:	

The school employee either witnessing the accident or supervising at the time of the accident should complete this form and submit it to the office within 24 hours of the accident.