



STUDENT ACCIDENT - INJURY REPORT

FILL OUT ASAP AFTER INCIDENT & RETURN TO SECONDARY OFFICE WHEN COMPLETE

Person filing report/supervisor:

Date: _____ Person injured: _____

Date of accident: _____ Time of accident: _____

Location of accident: _____

Description of accident and/or injury:

Was supervisor a witness? Yes _____ No _____

Was employee on duty status? Yes _____ No _____

Describe duty:

Was student in school supervised program? Yes _____ No _____

Describe program:

Is there a previous history of injury? Yes _____ No _____

Describe history:

Action taken in regard to injury:

Remedial action to be taken to prevent reoccurrence:

Comments:

Signature of person filing report

Date

Signature of supervisor

Date

Parent/Guardian contacted

Date



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NURSE FOLLOW -UP INFORMATION ON INJURED STUDENT

Student Name:

Person following up:

Contacted for follow up:

Date of Contact: -----

Did student need medical attention outside of school: -----

Follow-up comments:

Follow-up nurse signature

Date

Parent/Guardian contacted

Date

**PLEASE ATTACH THIS FORM TO THE ORIGINAL
STUDENT ACCIDENT/INJURY REPORT.**