

ACCIDENT REPORT

Name of student: _____ Grade: _____

Date of accident: _____ Time of accident: _____ Place of accident: _____

Nature of accident:

Area of injury(s): _____

Student's statement:

Teacher's statement:

Witness(s) statements:

Action(s) taken:

Check who all were notified: ___parent/guardian ___nurse ___custodian ___principal

Completed by: _____ Date: _____

Please return to Principal when finished.

Principal's signature _____ Date: _____