

ACCIDENT REPORT FORM

A student who has been injured on school property must fill out an accident form as soon as possible following the injury.

School Name _____

Your Name _____

Your Home Address _____

Social Security Number _____

Date of Accident _____ Time of Accident _____

In your own words, describe what happened:

What physical problems are you experiencing as a result of this injury:

Did you report this injury to a school employee? _____

If not, explain.

Date Reported _____ Employee's Name _____

What were you doing at the time of the accident:

Were there any witnesses? _____ If yes, who: _____

Did you go to a hospital or clinic? _____

Address of Hospital/Clinic _____

Name of treating physician _____

Additional Comments:

Signature

Date