

STUDENT ACCIDENT REPORT



Date of Report: _____ Student Accident Insurance No.: _____

School: _____

Date of Accident and Time: _____

Name of Injured: _____

Age: _____ Grade: _____ Telephone Number of Injured Person: _____

Address of Injured (Street and City): _____

Teacher in Charge: _____

Relevant Facts

Nature of Accident: _____

Where did accident occur? Give specific location: _____

Was special equipment involved? _____

In School Building Playground Outside of School Property

Not on School Property Camping or on a trip On the Bus

Doctor's Name: _____

If Taken to Hospital, Hospital Name: _____

By Whom Taken to the Hospital? _____

How was Parent Notified? _____

Disposition of Case:

NOTE: Please complete the reverse side of this form.



Narrative Report

Provide a short narrative of the general circumstances leading up to the events surrounding this accident. Also, please describe the nature and extent of the injury to the best of your ability. Note the presence of the teacher at the time of the accident. Note what the teacher was doing at the time of the accident.

Signature of Person Reporting: _____

Signature of Principal: _____

***Return form to the Administrative Assistant in the Business Office at the EAC.**