

ACCIDENT REPORT

This accident report is to be completed for ALL incidents requiring a doctor visit whether or not the parent files an insurance claim through the school. File this report in the student's permanent school record.

Name of School: _____

Person Completing Report: _____ Phone: _____

Date of Accident: _____ Time: _____ AM _____ PM _____

Location of accident: _____

Student's name: _____ Age: _____

Address: _____ Phone: _____

Parent's Name: _____

Parent's Employer: _____

Parent's Medical Insurance Co.: _____

Doctor treating this incident:

Name: _____ Phone: _____

Address: _____

Was anyone else involved in the accident: Yes _____ No _____

Name of that person: _____ Phone: _____

Name and relationship to student of person who picked up student:

Nature or description of the injury (use reverse if necessary):

Were Paramedics called? _____ If "yes", attach copy of paramedic reporting document.

Witnesses to the accident:

Name: _____ Phone: _____

Name: _____ Phone: _____