Student Accident Report

Name of Student: _____

Address: _____

City/Zip: _____

Telephone: _____

Building/Location: _____

Grade Level: ○EC ○K ○1 ○2 ○3 ○4 ○5 ○6 ○7 ○8

Homeroom Teacher: _____

Date of Accident: _____ **Time of Accident:** _____

Supervisor on Duty: _____

Type of Injury: _____

Parent Notified: _____

Student sent: ○home ○doctor ○hospital

Student sent with: ○principal ○secretary ○teacher ○parent

Injury: ○cut ○bruise ○abrasion ○burn ○bump

○other _____

Part of Body:

☐head	☐finger(s)	☐left hand	☐right hand
☐left arm	☐right arm	☐toe(s)	☐left wrist
☐right wrist	☐neck	☐chest/trunk	☐left ankle
☐right ankle	☐left leg	☐right leg	

First Aid Treatment:

☐ Band-aid	☐cold/hot pack	☐antiseptic
☐ bands/tape	☐smelling salts	☐splint

Treatment Administered by: _____

Remarks: