

School District 145
STUDENT ACCIDENT REPORT

1. **ALL INFORMATION MUST BE TYPED OR PRINTED LEGIBLY!**
2. The person closest to students at the time of accident/incident should complete the report.
3. The report should be completed and mailed within 24 hours after the accident. Do not hold up report for supplemental medical information. Send supplemental information in at later date.

STUDENT INFORMATION:

Name of School _____

Name _____ Date of Birth _____ Grade _____

Address _____ Home Phone _____
street town zip code

Name of Parent/Guardian _____ Work Phone _____
mother / father / guardian

Address if different from student _____
street town zip code

ACCIDENT INFORMATION:

Date _____ Time _____

Location _____
(be specific, i.e. room number, location on playground, etc.)

Description of Accident *(use back if needed)*

Equipment Involved *(if applicable)* _____

Activity involved in at time of accident _____

Person in charge at time of accident _____ Capacity _____
name

Home Address _____ Home Phone _____
street zip code

Witness to Accident _____
name

Address _____ Home Phone/Work Phone _____

Description of Injury *(designate left/right, etc., Observation NOT Diagnosis)*

Was parent/guardian notified of accident? yes ___ no ___ when _____ at what phone no. _____

Who Notified _____ By Whom _____

Was first aid provided? yes _____ no _____ Was 911 called? yes _____ no _____

Other information relevant to injury _____

signature of person in charge of students at time of accident _____ *date* _____

signature of principal _____ *date* _____

signature of nurse/health paraprofessional _____ *date* _____