

D.C. EVEREST AREA SCHOOL DISTRICT

Student Accident Report Form

(Report all accidents to students occurring during school day or school sponsored activity)

Name: _____ Home Address: _____

School: _____ Sex: M/F DOB _____ Grade _____

Time accident occurred: _____ am/pm Date: _____

Place of accident: ___ school building ___ school grounds ___ to/from school ___ home ___ elsewhere

Parent's Name: _____

DESCRIPTION OF ACCIDENT: How did it happen? What was student doing? Where was student? What specific activity was student doing? List the specific site of accident. List specifically unsafe acts and unsafe conditions existing. Specify any tool, machine or equipment involved:

LIST FIRST AID PROVIDED: _____

BY WHOM: _____

PART B: ADDITIONAL INFORMATION ON SCHOOL JURISDICTION ACCIDENT

Name of teacher/recess aide in charge when accident occurred: _____

Present at scene of accident: Yes ___ No ___

IMMEDIATE ACTION TAKEN

Sent to Health Aide By: _____ Sent to Physician By: _____
Sent Home By: _____ Physician Name _____
Sent To Hospital By: _____ Hospital Name: _____

Was Parent/Guardian/Emergency Contact Notified? No ___ Yes ___ When: _____ How: _____

Name of individual notified: _____

By whom? (enter name) _____

Witnesses: Name _____ Address _____
Name _____ Address _____

REMARKS: What recommendations do you have for preventing other accidents of this type?

Signed: _____ (Principal) Prepared By: _____