

BROOKINGS-HARBOR SCHOOL DISTRICT 17-C

Student Accident Report

To be made within 24 hours of accident. School _____
1st copy to school;
2nd to District Office. Date of accident _____ Time _____

NAME _____ Age _____ Male _____ Female _____

Student's Teacher: _____ Grade: _____

Parent/Guardian _____ Address _____

Telephone # _____ Contacted: _____

Scene of accident: (circle one) classroom gym shop playground or other: _____

Witness to accident, if any: _____

How did accident occur? _____

Describe apparent injuries (right, upper, left, lower, etc.) _____

First Aid measures or treatment given: _____

Person in charge when accident occurred: _____ Title _____

Was first aid rendered? _____ By Whom? _____

Was school nurse notified? _____ By Whom? _____

Were parents notified? _____ By Whom? _____

Was student treated by Doctor? _____ Name of Doctor: _____

Report made by: _____ Title _____

Is student covered by school insurance? _____

School Nurse Signature: _____

Recommendations: _____