

Student Accident and Injury Report

Directions: Complete this form immediately following any student accident or injury that occurs on school grounds or during school-sponsored activities.

1. School Information

School Name: Date of Report:
Person Reporting: Role/Title:

2. Student Information

Student Full Name: Student ID:
Grade/Class: Age/Gender:
Parent/Guardian Name: Contact Phone Number:

3. Incident Details

Date of Incident: Time of Incident:
Location of Incident (e.g., Playground, Gym, Classroom):

Description of how the accident occurred (What was the student doing?):

4. Injury Details

Part of Body Injured (e.g., Left Knee, Right Arm):
Type of Injury (e.g., Cut, Bruise, Sprain, Fracture):

5. Action Taken and First Aid

First Aid Administered?
Treatment Administered By:
Parent/Guardian Notified? (Yes/No, Time, Method):
Further Medical Attention Required? (e.g., Sent home, EMS called):

6. Witnesses

Witness 1 Name: Contact Info:
Witness 2 Name: Contact Info:

7. Signatures

Staff Member Signature: Date:
Administrator Signature: Date: