

STUDENT ACCIDENT REPORT FORM

School: ___ Highland ___ High School ___ Jewett

Student Name: _____ Date: _____
 (First) (Middle) (Last)

Age: _____ Grade: _____

Parent/Guardian Name: _____

Address: _____ Phone: _____

Location of Accident: _____

Date of Accident: _____ Time: _____ __ a.m. __ p.m.

Describe Accident: _____

Describe Injury: _____

Disposition: ___ Returned to class ___ Applied first aid
(check all that apply) ___ Called parent ___ Sent home
 ___ Sent to doctor ___ Sent to hospital
 ___ Called for ambulance

Comments: _____

Person Reporting Accident: _____

Principal Signature: _____

AFTER COMPLETING ACCIDENT REPORT FORM, RETURN TO OFFICE AS SOON AS POSSIBLE.

Form - MAINT1/34
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