

# ACCIDENT REPORT

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## ***ACCIDENT INFORMATION***

Date of Accident: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_ AM \_\_\_\_ PM \_\_\_\_

Nature of Injury (cut, fracture, etc.): \_\_\_\_\_

Describe how the accident happened and give cause. Be specific and give full details: \_\_\_\_\_

Name(s) of witness(es) to accident: \_\_\_\_\_

Where accident occurred: \_\_\_\_\_

Date Central Office Notified: \_\_\_\_/\_\_\_\_/\_\_\_\_ Accident Reported To: \_\_\_\_\_

## ***MEDICAL INFORMATION***

Type of initial medical treatment received (Please check all that apply)

No Treatment \_\_\_\_\_ First Aid \_\_\_\_\_ ER Room \_\_\_\_\_ Clinic/Dr. Office \_\_\_\_\_

Name of Person Administering First Aid: \_\_\_\_\_

Prepared by / Title / Date: \_\_\_\_\_

Signature: \_\_\_\_\_

NOTE: The contents of this report do not constitute any admission or liability on the part of the school system or any employee thereof.