

- 1) Complete report on the day of occurrence
- 2) If serious injury, signed statements by witnesses must accompany report
- 3) Follow up report required if accident causes absence from school

STUDENT ACCIDENT REPORT

TWINFIELD UNION SCHOOL

Student School Insurance ____ Yes ____ No

____ M ____ F ____ AGE ____ GRADE

Name of Injured: _____

Address: _____

Date of Accident: _____ Time of Accident: _____

Location of Accident: _____

Name / Title of Person on Duty: _____ / _____

Describe the Accident: _____

Names of Witnesses (Include phone Number): _____

Nature of Injury: _____

Type of Aid Administered: _____

Aid Administered by: _____ Time: _____

Parent or Guardian called: ____ Yes ____ No /

Name of Person contacted: _____

Address & Phone: _____

Relationship to the Injured: _____ 51

Original: School Nurse / Copy: Principal / Copy: Superintendent

- 1) Complete report on the day of occurrence
- 2) If serious injury, signed statements by witnesses must accompany report
- 3) Follow up report required if accident causes absence from school

Additional Information: _____

Additional Medical Aid Provided or Sought: _____

If accident occurs during events that are scheduled outside of the routine school day, the adult in charge is to complete and submit this form to the main office within 24 hours. An administrator is to be informed of the accident as soon as possible. Notify the school nurse within the next school day.

School Nurse Notified by: _____ Date: _____ Time: _____

Administrator Notified by: _____ Date: _____ Time: _____

Signature of Person Completing this Report:

_____ Title: _____ Date: _____ Time: _____

Signature of Administrator:

_____ Title: _____ Date: _____ Time: _____

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