

EBBB-E School Accident Report Form

FILE: EBBB-E (1)

SCHOOL ACCIDENT REPORT FORM

Whenever an injury occurs in school, on school grounds, or during any school sponsored activity, this Accident Report Form should be filled out. Once the form has been completed, please bring it to the main office for processing. The original will be kept with the student health records in the school nurse's office. This document is confidential.

TIME AND PLACE OF ACCIDENT

Date: _____ Time: _____

School: _____ Location: _____

INJURED PERSON

Name: _____ Age: _____ Grade/Teacher: _____

Parent/Guardian's Name: _____

Address: _____

What was the injured doing when hurt? _____

WITNESSES TO THE ACCIDENT AND ANY ADDITIONAL PERSONNEL BROUGHT TO SCENE:

DESCRIPTION OF INJURY & CARE GIVEN: _____

Name Parent/Emergency Contact Notified: _____

Contacted by: _____ at _____ (time)

How was the contact made: _____ (phone, email, voicemail, etc.)

ADDITIONAL FOLLOW-UP INFORMATION: _____

Reported by: _____ Date of Report: _____

Principal: _____

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