

# 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? \_\_\_\_\_

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

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DESCRIPTION OF INJURY & CARE GIVEN: \_\_\_\_\_

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Name Parent/Emergency Contact Notified: \_\_\_\_\_

Contacted by: \_\_\_\_\_ at \_\_\_\_\_ (time)

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

ADDITIONAL FOLLOW-UP INFORMATION: \_\_\_\_\_

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Reported by: \_\_\_\_\_ Date of Report: \_\_\_\_\_

Principal: \_\_\_\_\_

Revised: 5/2022

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Created 7 April 2022 15:36:02 by Matt Frey-Davis

Updated 16 January 2025 20:25:45 by Kimberly Burgess