

STUDENT ACCIDENT REPORT FORM
FAYETTE COUNTY BOARD OF EDUCATION
Fayette, Alabama

Date of Report: _____

Name of Student Injured: _____

School Injured Student Attends: _____

Date of Accident: _____ Time of Accident: _____

Name of Teacher or authorized personnel with the student at the time of the accident: _____

School location where accident occurred: _____

Name of family or guardian member notified: _____

Time of notification: _____

Was student picked up by family/guardian following Accident? _____

What instructions did family/guardian give school personnel concerning the treatment of student? _____

If no family member/guardian was notified, state why: _____

Give brief description of accident: _____

Give brief description of immediate attention/aid given to student: _____

Was student taken to a physician or hospital by school personnel? _____

Signed: _____