



HABERSHAM COUNTY SCHOOL DISTRICT

Student/Visitor Accident Report

Site Name: \_\_\_\_\_ Accident Date: \_\_\_\_\_ Time: \_\_\_\_\_

Name of Injured Party: \_\_\_\_\_ Circle: Student or Visitor

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

City/State/Zip: \_\_\_\_\_ Contact #: \_\_\_\_\_

If injured party is a student, is he/she covered by a student insurance plan? Y N Unknown

Name & contact info of Adult Witness(es): \_\_\_\_\_

Name of Parent or Guardian Contacted: \_\_\_\_\_

Relationship to Injured Party: \_\_\_\_\_ Time of Contact: \_\_\_\_\_

Did Injured Party Leave Site? Y N Date: \_\_\_\_\_ Time Left: \_\_\_\_\_

Did Injured Party Return to Site? Y N N/A Date: \_\_\_\_\_ Time Return: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Nature of Injury: \_\_\_\_\_

Please provide details below. Attach separate sheets if necessary.

Describe first aid/care given (if any): \_\_\_\_\_

Describe fully where and how the accident occurred: \_\_\_\_\_

Describe steps taken to prevent a similar accident: \_\_\_\_\_

Print Name of Person Completing Report

Signature of Person Completing Report Date

Print Name of Site Administrator

Signature of Site Administrator Date

Instructions: Send a copy of this report to the Superintendent's office and keep the original on site. Superintendent's copy can be faxed, scanned or sent thru county mail.