

**Nye County School District  
Student Accident Report**

A school employee who witnesses a student injury, is supervising a student at the time of injury, or renders first aid to the student should complete this form and **submit a copy to the principal's office immediately**. The original report should be sent to the **Pahrump District Office**.

Student's name: \_\_\_\_\_ M  F  DOB: \_\_\_\_\_ Grade: \_\_\_\_\_  
Home address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
School: \_\_\_\_\_

**Date of accident:** \_\_\_\_\_ **Time:** \_\_\_\_\_ AM  PM

**Place of accident:**

School building     School grounds     School bus     Field trip     Before/after school hours

**Please provide a detailed description of the accident that occurred:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Description of injury:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Immediate Action Taken:**

Sent to health office     Time: \_\_\_\_\_  
 First aid treatment rendered: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

• By whom? \_\_\_\_\_

Person notified (required):     Mother     Father     Other: \_\_\_\_\_ Time: \_\_\_\_\_

• By whom? \_\_\_\_\_

Sent home with: \_\_\_\_\_ Time: \_\_\_\_\_

**Witnesses:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Report submitted by:** \_\_\_\_\_ **Position:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of principal or designate:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Original sent to the Pahrump District Office  
Attention: Ray Ritchie or Rachel Owens

Copy given to principal