

STUDENT ACCIDENT REPORT FORM
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(Must be completed within 24 hours of accident)

Student's Name Address School		
Did personnel know of the accident when it happened? For more details, contact Date of accident Time Date accident reported		
How did the accident happen?		
Action taken:		
Contacts made by staff member:		
What was the injury?		
Staff member signature:	D:	ate
Building administrator signature:	D	ate
Superintendent signature: Á Ó •ā ^•• Á ~æ^ Á ð } æ l^K		