



# SCHOOL ACCIDENT/INJURY REPORT

Jasper School District



To be used for reporting an accident or incident involving students, parents, visitors, etc.

Please complete all items requested on this form.

Date of Accident: \_\_\_\_\_ Time of Accident: \_\_\_\_\_

Name of Injured: \_\_\_\_\_ Parent's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Male  Female

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Parent's Work Phone: \_\_\_\_\_

Location of Accident: \_\_\_\_\_

Description of Accident:

Person In Charge When Accident Occurred: \_\_\_\_\_

Immediate Action Taken:

First-aid Treatment  Sent to School Office  Taken Home  Referred to Doctor  Sent to Hospital

By whom: \_\_\_\_\_

Notification:

Parent  Guardian  Doctor  Nurse  Teacher  Other By Whom: \_\_\_\_\_

How Notified: \_\_\_\_\_ When: \_\_\_\_\_ By Whom: \_\_\_\_\_

Disposition:

Taken Home  Taken to doctor's office  Taken to hospital  Other: \_\_\_\_\_

Witnesses:

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

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

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

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

Miscellaneous Information:

Person Submitting Report: \_\_\_\_\_ Contact Phone No. \_\_\_\_\_

Signed by Principal/Nurse: \_\_\_\_\_ Contact Phone No. \_\_\_\_\_

Distribution: Keep a copy for your records and send original to Director of Business Operations at District Offices