

# XI. Forms



Anne Arundel County Public Schools | Office of Insurance Management

## Standard Student Accident Report

In the event of a pupil accident, however slight, on the school premises or on the way to or from school, the principal will complete this report. The **WHITE** and **YELLOW** copies should be sent to the Insurance Office, Carol Sheffey Parham Administration Building. The **PINK** copy should be kept in the school's file for five years. Accidents are to be reported promptly.

School			
Name of Injured Student		Age	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Parent/Guardian		Home Phone	
Home Address			
Date of Accident	Time of Accident	School Employee in Charge	
Place of Accident (bus, playground, etc.)			If School Bus/Bus Stop, Number of Bus
Activity Engaged in (Phys. Ed., Recess, etc.)			
Type of injury (broken arm, cut finger, etc. - <b>BE SPECIFIC</b> )			In case of a serious injury, please advise by memorandum the date of the child's return to school. In the event of a permanent injury, give details of the nature of the disability.
Description of Accident (What was the student doing?)			
Was First Aid Given? <input type="checkbox"/> Yes <input type="checkbox"/> No		By Whom	
<b>Persons Present at Time of Accident</b>	Name		Name
	Address		Address
Where Was Student Taken		How	
Was Parent/Guardian Notified?		How	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Could Not Be Reached			
Name & Address of Doctor Handling Case			Is Student Covered by Student Accident Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No
Remarks			
Reported By (Name & Position)			Date of Report