

ACCIDENT/INJURY REPORT FORM

Use this form to report any accidents or injuries observed



INFORMATION ABOUT PERSON INJURED	
Full Name	Date of Birth
Parent/Guardian Name(s)	Phone Number

INFORMATION ABOUT THE ACCIDENT/INJURY		
Date of Incident	Time	Date of Report
Campus Location:		
Description of Accident/Injury – What Happened and Where? (Be specific)		
Who else was involved?		
Action Taken (circle one) Continued Activity Limited Activity Paged/Called Parent Sent Home 911 Called Taken to Hospital/Doctor First Aid Given – By: _____		
Describe any additional actions or statements that were taken or made in regard to the accident/injury:		
Were the parents/guardians notified? _____ Yes _____ No		
When were they notified?		
Their response:		
To whom was the individual released?		

WITNESSES (those who were present or observed occurrences)
Name: _____ Role: _____ Phone: _____
Name: _____ Role: _____ Phone: _____
Name: _____ Role: _____ Phone: _____

REPORTER INFORMATION
Individual Submitting Report (print name)
Signature _____ Date _____

PARENT INFORMATION
Parent/Guardian (print name)
Signature _____