

# Shidler Public Schools

## Accident/Injury Report Form

Student's Name \_\_\_\_\_

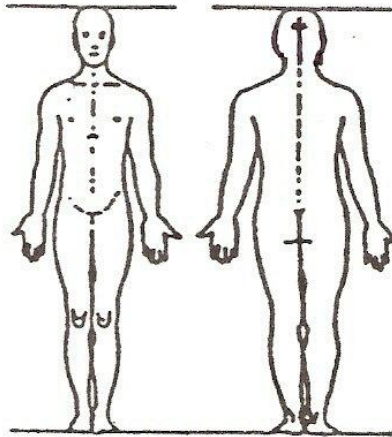
Date \_\_\_\_\_

Teacher's Name \_\_\_\_\_

Type and Description of Injury: \_\_\_\_\_  
\_\_\_\_\_

Time of Injury: \_\_\_\_\_ Parents contacted?  Yes  No

*Please circle below on the figure the location of the injury.*



Describe briefly the injury situation. What was the student doing? What happened? Where was the student? Were staff or other students present?

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

First Aid procedure followed:

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

\_\_\_\_\_  
Signature of staff witnessing the injury

\_\_\_\_\_  
Administrator's Signature