

MARGARETTA LOCAL SCHOOL DISTRICT
STUDENT ACCIDENT REPORT FORM

Student's Name _____ Date _____

Grade in School _____

Home Address _____

Place of accident _____

Time of accident _____ (AM / PM) Body Part Injured _____

Description of Accident ~ List specifically any acts and/or conditions which may have contributed to the accident.

Nature of injury:

Did a teacher see the accident happen? Yes No

Name _____

Who treated the student? _____

Were the parents notified? Yes No Time notified _____ (AM/PM)

Name of parent notified _____

Number contacted _____

Was further medical treatment recommended or received? Yes No

List any recommendations you have for preventing other accidents of this type.

Signature of Person Completing Accident Form

Principal

Date