

TO BE COMPLETED IMMEDIATELY

The school employee who witnesses the student injury or is supervising the student at the time of the injury should complete this form. If possible, the report should be submitted immediately to the principal's office. Should other pertinent information develop, notify the principal by means of a supplemental report.

**SNAKE RIVER SCHOOL DISTRICT
STUDENT ACCIDENT REPORT**

DATE: _____ TIME: _____

SCHOOL: _____ STUDENT'S GRADE: _____

STUDENT'S NAME _____ DATE OF BIRTH: _____

HOME ADDRESS: _____ PHONE NUMBER: _____

WHERE DID ACCIDENT OCCUR? _____

HOW DID THE ACCIDENT OCCUR? _____

NATURE OF INJURY: _____

FIRST AID APPLIED YES NO BY WHOM? _____

DISPOSITION OF STUDENT: (return to class, home, doctor, hospital) _____

COMMENT ON SUPERVISION: _____

WITNESSES PRESENT AT TIME OF ACCIDENT:

WERE PARENTS CONTACTED? YES NO _____

COMMENTS: _____

REPORT SUBMITTED BY: _____ DATE: _____

PRINCIPAL OR DESIGNEE: _____ DATE: _____