

REPORT OF ACCIDENTS AND INJURIES

Name of injured: _____ School: _____

Date of injury: _____ Hour: _____

Date of report: _____

Place accident occurred: _____

Description of injury: _____

How accident occurred: _____

Witness: _____

Does injured have school insurance? _____

Disposition made of case:

Insurance report made: _____ Date filed: _____

Reported to parents: _____ Date Reported: _____

Signature of person filing report

Telephone number

Copy To Director of Schools