



**STUDENT ACCIDENT OR ILLNESS REPORT**

**I. GENERAL INFORMATION**

School \_\_\_\_\_ Date of Incident \_\_\_\_\_  
Exact location \_\_\_\_\_ Time of Incident \_\_\_\_\_

**II. STUDENT INFORMATION**

Student Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_  
Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Parents/Guardians \_\_\_\_\_ Work Phone \_\_\_\_\_

**III. INCIDENT INFORMATION**

Part of body involved \_\_\_\_\_ Equipment Involved \_\_\_\_\_  
Description of event in order of occurrence ( be specific ) \_\_\_\_\_

First Aid care given ( be specific ) \_\_\_\_\_

Care given by whom ? \_\_\_\_\_ Title \_\_\_\_\_  
Medical allergies or conditions per emergency card \_\_\_\_\_  
Released from school ? \_\_\_\_\_ If yes, where taken? \_\_\_\_\_  
Accompanied by whom? \_\_\_\_\_  
Referred to family physician? \_\_\_\_\_ Doctor's name: \_\_\_\_\_

**IV. REPORTING INFORMATION**

Discovered by \_\_\_\_\_ Title \_\_\_\_\_  
Parent/Guardian contacted \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

**V. MISCELLANEOUS INFORMATION**

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

Supervisor/Principal signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\* This form does not constitute an insurance claim \*\*\*\*\*

**INSTRUCTIONS**

- 1. THIS FORM MUST BE COMPLETED FOR ALL INJURIES REQUIRING MEDICAL ATTENTION, AND FOR ALL SERIOUS ILLNESSES.
- 2. THIS FORM SHOULD BE FORWARDED TO RISK MANAGEMENT WITHIN 24 HOURS. THE PARENT/GUARDIAN COPY SHOULD BE SENT HOME WITH THE STUDENT.