



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.