



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.