

# STUDENT ACCIDENT/INJURY REPORT

Bigfork School District #38

8301F-2

**DATE OF ACCIDENT:** \_\_\_\_\_ **TIME OF ACCIDENT:** \_\_\_\_\_

**NAME OF INJURED:** \_\_\_\_\_ **PARENT'S NAME:** \_\_\_\_\_

**AGE:** \_\_\_\_\_ **SEX:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_ **SCHOOL:** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **PARENT'S WORK PHONE:** \_\_\_\_\_

**LOCATION OF ACCIDENT:** \_\_\_\_\_

**DESCRIPTION OF ACCIDENT:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

**PERSON IN CHARGE WHEN ACCIDENT OCCURRED:** \_\_\_\_\_

**IMMEDIATE ACTION TAKEN:**  First-aid Treatment  Sent to School Nurse

Taken Home  Referred to Doctor  Sent to Hospital By Whom: \_\_\_\_\_

**NOTIFICATION:**  Parent  Guardian  Doctor  Nurse  Teacher  Other \_\_\_\_\_

How Notified: \_\_\_\_\_ When: \_\_\_\_\_ By Whom: \_\_\_\_\_

**DISPOSITION:**  Taken Home  Taken to doctor's office  Taken to hospital  Other \_\_\_\_\_

**WITNESSES:** Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**MISCELLANEOUS INFORMATION:** \_\_\_\_\_

\_\_\_\_\_

Person Submitting Report \_\_\_\_\_ Contact Phone No. \_\_\_\_\_

Signed by Principal /Nurse \_\_\_\_\_ Contact Phone No. \_\_\_\_\_