

SOUTHLAND INDEPENDENT SCHOOL DISTRICT

**ACCIDENT REPORT**

Date\_\_\_\_\_

Person Injured\_\_\_\_\_Student\_\_\_\_\_Non-Student\_\_\_\_\_

Age\_\_\_\_\_Sex\_\_\_\_\_Grade\_\_\_\_\_School Insurance\_\_\_\_\_

Birthdate\_\_\_\_\_Address\_\_\_\_\_

Parent/Guardian\_\_\_\_\_Phone\_\_\_\_\_

**NATURE OF INJURY**\_\_\_\_\_

Date of Accident\_\_\_\_\_Time\_\_\_\_\_AM\_\_\_\_\_PM\_\_\_\_\_Day of the Week\_\_\_\_\_

Location of Accident\_\_\_\_\_

Witnesses\_\_\_\_\_

Personnel in Charge\_\_\_\_\_

First Aid Rendered\_\_\_\_\_

Additional Medical Treatment\_\_\_\_\_

Date\_\_\_\_\_Time\_\_\_\_\_Doctor\_\_\_\_\_

Name of Parent/Guardian Contacted\_\_\_\_\_Relationship\_\_\_\_\_

Time\_\_\_\_\_Sent Home\_\_\_\_\_Not Sent Home\_\_\_\_\_Additional Information Concerning

Accident\_\_\_\_\_

\_\_\_\_\_, Principal