

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