

ALCESTER-HUDSON SCHOOL DISTRICT #61-1

ACCIDENT REPORT

To be filled out and signed within 24 hours of the time of the accident by school personnel who witnessed accident. In the event no one witnessed accident, this report is to be filled out and signed by whoever was nearest the accident or by whoever was first notified of the accident.

Pupil's Name _____ Age _____ Grade _____

Parent or Guardian _____ Phone _____

Date of accident _____ Time of accident _____

How did accident happen? _____

Where did it happen? _____

Describe injury _____

Statement of injured person. (Serious accident) _____

_____ Heard by _____

Witnesses***** VERY IMPORTANT IF ACCIDENT SERIOUS (give home address and phone number)

Treated by: Doctor _____ Nurse _____
(give names)

Teacher _____ Other Staff Member _____

Disposition of case: (Indicate whether pupil returned to class or was sent home or to doctor)

Name of supervising teacher: _____

Reported by _____ Date _____