

Mtn. Grove R-3 School District

ACCIDENT REPORT

Student's Name: _____
Address: _____
Parent's Name: _____
Grade: _____ Age: _____ Telephone: _____
Person Contacted: Parent _____ Emergency Contact Listed _____ Other _____
Contact made by whom: _____ Date/Time of Contact: _____
Comments: _____

ACCIDENT DETAILS

Date of Accident: _____ Time of Accident: _____ am pm
Place of Accident: *ELEMENTARY* *MIDDLE SCHOOL* *HIGH SCHOOL* *OMTC* *PRESCHOOL*
School Grounds _____ Classroom _____ Gym _____ Other _____
Who was in charge when the accident occurred? _____
Present at the time of the accident? YES NO Witnessed Accident? YES NO

INJURY DETAILS

Describe how the injury/accident occurred:

Describe action taken at the time of injury:

Describe nature of injury:

Describe treatment of injury:

Person Reporting Accident: _____ Date: _____

Principal/Supervisor Signature: _____ Date: _____

SEND A COPY OF THIS COMPLETE DOCUMENT TO: PRINCIPAL, NURSE, SAFETY DIRECTOR

Use other side for additional information/comments