

M.S.A.D. #8
ACCIDENT REPORT

STUDENTS NAME: _____ GRADE: _____

AGE: _____ HOMEROOM TEACHER: _____

DATE & TIME OF ACCIDENT: _____

EXACT LOCATION OF ACCIDENT: _____

BRIEF DESCRIPTION OF ACCIDENT: _____

Identification Of Apparent Physical Location Of Injury & Initial Assessment Of Injury (Bruise, Scrape, Fracture, Sprain, Etc.): _____

NAME(S) OF TEACHER(S) ON DUTY: _____

LIST OF ALL WITNESSES: _____

WAS PARENT NOTIFIED: _____ BY WHOM: _____

DATE: _____ TIME: _____

ACTION TAKEN: _____

PERSON FILING REPORT: _____ DATE: _____ TIME: _____

ANY INFORMATION LEARNED FROM PARENT AND/OR HOSPITAL

LATER: _____