

Patrick County Public Schools
Student Accident/Injury Report Form

Student Name: _____ Grade: _____

Homeroom Teacher: _____ Date of Accident: _____

Time of Accident: _____ AM / PM Location of Accident: _____

Questions to be answered by staff member who observed accident

Explain the nature of the accident & how it occurred:

Explain any suspected injuries sustained by the student:

Describe any first aid administered to the student & give names of those administering first aid:

- 1.
- 2.
- 3.

Provide the names of any witnesses:

- 1.
- 2.
- 3.

Action after accident was reported and first aid administered:

- Contacted parent/guardian/emergency contact (circle please)
- Rescue squad contacted
- Student sent back to class
- Student sent home
- Student transported to doctor
- Other:

Recommendations for further preventive measures:

Signature: _____ Date: _____

Date report completed: _____