

STUDENT ACCIDENT/INJURY REPORT

DODDRIDGE COUNTY SCHOOLS

PART A

1. Name of Student: _____
2. Parent/Guardian Name: _____
3. Phone Number: _____
4. Home Address: _____
5. School Name: _____
6. Grade: _____ 7. Age: _____ 8. Sex: _____
9. Type of Activity: _____
10. Location of Accident/Injury: _____
11. Description of Incident: _____
12. Name of supervising adult present at time of accident/injury: _____

PART B

1. Nature of injury: _____
2. Part of body injured: _____
3. Immediate action taken: _____
4. First Aid: Yes ___ No ___ By: _____
5. Seen by school nurse: Yes ___ No ___ By: _____
6. Sent to doctor: Yes ___ No ___ By: _____
7. Returned to class: Yes ___ No ___ By: _____
8. Sent to hospital: Yes ___ No ___ By: _____
- Name of hospital: _____
9. Notification of Principal: Yes ___ No ___ By: _____

10. Notification of parent/guardian (required whenever this form is used)

How notified: _____ Date and Time Notified: _____

By whom: _____ Individual Contracted: _____

Comments: _____

11. Other relevant information: _____

12. Date form sent to Superintendent's Office: _____

13. Verification by Principal:

Principal's Signature: _____ Date: _____