



Independence School District Accident Report Form

Name: _____ Address: _____

School: _____ Sex: _____ Age: _____ Grade: _____

Date and time of accident: _____

In What activity was the student engaged? _____

Where did the accident occur? _____

Supervisor of the activity: _____

Nature of the injury: _____

Time student came to clinic: _____ am/pm Means of arrival: _____

Parent(s) notified at: _____ am/pm By: _____

Student released to: _____ Time released: _____ am/pm

Describe in detail how the accident happened and who related the information (continue on back if needed):

Describe in detail the emergency care administered and by whom (continue on back if needed):

Signature of witness or supervisor at time of accident _____

Date of Report: _____

Prepared by: _____

Reviewed by: _____

FOLLOW-UP:

If student was taken to a doctor, list name and date: _____

If student was taken to a hospital, list name and date: _____

Number of school days lost: _____