

# STUDENT ACCIDENT REPORT

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Building: \_\_\_\_\_

Activity/Class: \_\_\_\_\_

Date of Accident: \_\_\_\_\_ Time: \_\_\_\_\_

Where did the accident happen?

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How did the accident happen?

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Where was the student injured? (physical condition or type of injury)

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Who was informed of the injury?

- 1.
- 2.
- 3.

Staff Member signature: \_\_\_\_\_

Date: \_\_\_\_\_