

**DAVISON COMMUNITY SCHOOLS
STUDENT
ACCIDENT REPORT FORM**

(Revised June 2015)

Student's Name: _____ Sex: M F

Birth Date: ___ / ___ / ___ School: _____ Grade: _____

Date of Accident: ___ / ___ / ___ Time of Accident: _____ a.m. / p.m.

Parent/Guardian Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Where was the specific location of the accident?

<input type="checkbox"/> Athletic Field	<input type="checkbox"/> Cafeteria	<input type="checkbox"/> Locker Room	<input type="checkbox"/> Stairs
<input type="checkbox"/> Auditorium	<input type="checkbox"/> Classroom	<input type="checkbox"/> Parking Lot	<input type="checkbox"/> Other
<input type="checkbox"/> Bus	<input type="checkbox"/> Gymnasium	<input type="checkbox"/> Playground	
<input type="checkbox"/> Bathroom	<input type="checkbox"/> Hallway	<input type="checkbox"/> Sidewalk	

Part of Body Injured: _____

Description of Accident (what happened and how?): _____

<input type="checkbox"/> First Aid Administered	<input type="checkbox"/> Sent Home	<input type="checkbox"/> Sent to Hospital
<input type="checkbox"/> Talked to School Nurse (701-4011)	<input type="checkbox"/> Sent to Physician	<input type="checkbox"/> Parent Notified
<input type="checkbox"/> Central Office Notified		

First Aid Treatment: _____

Witness to Accident: _____

Additional Comments: _____

Signature of Person Completing Form: _____ Date: _____

Administrator Signature: _____ Date: _____

(Send 1 copy to School Nurse, 1 copy to Business Office)

