



STUDENT/NON EMPLOYEE ACCIDENT REPORT FORM

School: _____ Date of injury: _____

Student/Person Name: _____ Student: Yes ___ No ___ DOB: _____

Grade: _____ Age: _____ Time of Accident: _____ p.m/a.m (circle)

Address: _____ Ph#: (____) _____

Supervised activity? Yes No (circle) If yes, person in charge: _____

ACCIDENT DESCRIPTION

SPECIFIC LOCATION: _____

Describe the accident in your own words. Please give all details so that this accident report may be used to prevent other similar accidents.

Was first aid given? Yes ___ No ___ If Yes, by whom: _____

Description of First aid: _____

Called 911? Yes ___ No ___ If Yes, by whom: _____

Was Parent or other responsible party notified? Yes ___ No ___

If yes, who was notified: _____

If No, explain: _____

Disposition of injured:

Back to Class: _____ Health Room: _____ Sent Home: _____ Other: _____

Sent to Hospital: _____; name _____ Sent to Doctor: _____; name _____

DESCRIBE CARE PROVIDED TO THE STUDENT/ADDITIONAL COMMENTS:

Signature of staff member completing form: _____ Date/time: _____

Printed name: _____

Other witnesses: _____

REPORT INCIDENT TO VSBIT-REPORT A CLAIM <https://www.vsb.it.org/report-a-claim>