



Accident Report

This form should be completed on all accidents that occur within the school system. (This includes employees, students and visitors.) This becomes valuable information and important documentation in the event that information is needed at a later point in time on an injury that occurred.

School or Department: _____

Name of Injured: _____

Date of injury: _____ Time of Injury: _____

Describe/explain how the injury occurred (location and circumstance):

Witness(es): _____ Position: _____
_____ Position: _____

Medical attention received/action taken (if any): _____

For employees only: Employee chose not to go to a medical professional: _____
(Employee Signature)

Signature of injured person: _____ Date: _____

Signature of reporting official: _____ Date: _____

Signature of Site Director: _____ Date: _____

Retain one copy of this form for your facility records and forward one copy to the Regional Director of Operations and Regional Health Care Coordinator. Additionally, accidents involving an employee should be telephoned immediately to the Central Office.