

534.1 Student Illness or Injury at School Accident Report Form

STUDENT ILLNESS OR INJURY AT SCHOOL ACCIDENT REPORT FORM

Date and Time of Incident: _____

Location of Incident: _____

Parent's Phone Number: _____

Alternate Parent's Phone Number: _____

Name of Student: _____

Address of Student: _____

Please write a brief description of what occurred: _____

Please list any eyewitnesses to what occurred (attach statements, if any, to this report): _____

Please indicate what procedure was taken to resolve the incident:

Signature
