

South Lane School District

STUDENT ACCIDENT REPORT

Student Name _____

School _____

DOB _____

Date _____

Time of _____

Accident _____

Where did the accident occur?

Classroom

Hallway

Bus

Cafeteria

Restroom

Other (explain)

Dressing Room

Shop

Gym

Stairs

Describe the cause of the injury and the specific part of the body injured:

Action taken:

Parent/Guardian notified

Yes

No

Comments/Follow-up

Person supervising student at time of injury: _____

Witness(es) if any: (please indicate if student or staff)

Signature of person reporting _____