

School District of Black River Falls
STUDENT ACCIDENT REPORT

Name of Student _____ Social Security # _____ School _____ Grade _____

Date of Birth _____ Sex _____ Date of Accident _____ Time of Accident _____

Parent's Name _____ Phone # _____

Address _____

Father's Employer _____

Mother's Employer _____

Activity participating in when injured: (Check one)
_____ Classroom _____ Physical Education _____ Playground
_____ Other (specify) _____

Place of Accident _____

Cause of Injury (additional details may be written on reverse side) _____

Nature of Injury _____

Name of Supervising Teacher _____

Witnesses (name two persons) _____

Description of First Aid Care Rendered _____

Name of Person(s) Administering First Aid _____

Were parents notified? Yes ___ No ___ If yes, give date & time and by whom _____

Was student attended by a doctor? Yes ___ No ___ If yes, give doctor's name and date on which the student was seen: Doctor's Name _____ Date _____

Number of days absent from school as result of this injury _____