

**Minidoka County Joint School District #331**

**INSTRUCTION**

**2425F2**

Student Accident Report Form

1. Name of Student: \_\_\_\_\_

2. Home Address: \_\_\_\_\_

3. School: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

4. Time of Accident: \_\_\_\_\_ a.m. / p.m. Date: \_\_\_\_\_

5. Place of Accident:

\_\_\_\_\_ School Building  
\_\_\_\_\_ School Grounds  
\_\_\_\_\_ To or From School  
\_\_\_\_\_ Elsewhere

6. Was the teacher in charge when accident occurred present at scene of accident?

\_\_\_\_\_ Yes \_\_\_\_\_ No

7. Description of accident (give sufficient information such as: What was student doing, if using equipment, etc...)

8. Immediate action taken:

\_\_\_\_\_ First aid given by  
\_\_\_\_\_ Sent to school nurse by  
\_\_\_\_\_ Sent home by  
\_\_\_\_\_ Sent to physician by  
\_\_\_\_\_ Physician's name  
\_\_\_\_\_ Sent to hospital by

9. Was a parent or other individual notified? \_\_\_\_\_ No \_\_\_\_\_ Yes

How: \_\_\_\_\_

Name of individual notified \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_

Principal Signature: \_\_\_\_\_

Teacher: \_\_\_\_\_