

SUPPORT SERVICES

CODE: EBBB-E (1)
POLICY

PERSONAL INJURY ACCIDENT REPORT FORM

Name of Student/Staff Member _____ Grade _____

Address _____

Date of Injury _____ Time of Injury _____ a.m. – p.m.

Injury Reported by _____

Nature of Injury _____

Supervising Teacher _____

Witnesses to Accident _____

Describe the aid/treatment given to injured student/staff member: _____

Nurse called: Yes No

Parent called: Yes No

Doctor called: Yes No

Student Sent Home: Yes No

Use back of this sheet for additional information.

Supervising teacher's signature _____

Nurse's signature _____

Principal's signature _____

NEW POLICY

ADOPTION DATE: FEBRUARY 14, 1996

REVIEW DATE: OCTOBER 10, 2012