

Pardeeville Area School District

ACCIDENT REPORT FORM

(To be completed by the teacher/supervisor/coach present at scene of accident)

PLEASE PRINT

Date of Injury: _____ **Time of Injury:** _____

Student's Name: _____

Address _____

Phone: _____

Parent/Guardian: _____

Part of body injured: _____

Description of accident (how & where did it occur): _____

Person who observed accident/injury: _____

Was a faculty member present? _____ **Name:** _____

Action taken: _____

Report prepared by: _____ **Position** _____

Date: _____

Principal (Print): _____ **Date:** _____

Principal Signature: _____