

PARK HIGH SCHOOL

Accident Report

Student Name

Teacher/Coach

Date

Time of accident

Accident Details:

Place where accident occurred (be specific)

Cause of accident

Type of Injury

First Aid Applied? yes no by: _____

Name of School Official

Title

Description

Contact Information:

_____ was notified _____ at _____.
Parent/Guardian Name Time Phone number

Did student remain at school? yes no

If no, explain _____

Was student transported by ambulance? yes no

If yes, explain _____

Remarks (if any)

Teacher/Coach Signature

School Nurse (if applicable)

Principal Signature

Date

Copy sent to administration on _____ (date)