

Alamance-Burlington School System

STUDENT ACCIDENT REPORT

Please complete this form for **ALL INJURIES** regardless how minor the injury may appear.

Student Name:

Age:

School:

Homeroom teacher:

Date and Time of Accident:

Is the student enrolled in School Insurance? Yes No

If yes, Policy and Page Number:

Date Insured:

Fully describe the nature of the accident:

Where did the accident occur?

Was the accident under school supervision? Yes No

List any witnesses

Supervision Employee:

Accident reported by:

Was treatment provided at school? Yes No By whom?

Was the student taken to doctor/hospital? Yes No By whom?

Were other students involved in the accident? Yes No

Name of Parent/Guardian:

Address:

Phone: (home)

(work)

Was parent/guardian contacted? Yes No By whom?

Was an administrator informed? Yes No

This form was completed by:

Date form completed: