

ACCIDENT/INJURY REPORT FORM

This form must be completed for any event which gives rise to injury, which requires medical attention, to a student or visitor. Completed forms should be sent to [Administrative Services](#).

A - INJURED PERSON(S)										
Name							Date of Birth			
Address							Day	Mos.	Year	
Sex M/F		Age		Grade Level		Student		Other		
Name of Parent/Guardian										
IDENTIFY THE INJURY OR PROPERTY DAMAGE										

B - DETAILS OF ACCIDENT/INJURY									
Date				Time			Bodily Injury		
	Day	Month	Year		a.m.	p.m.		Property Damage	

Sports Injury		Assault		Slip or Fall		Other (Please Describe)	
Name of Sport							

Classroom		Gymnasium		Field Trip		Portable	
School Yard		Washroom		Cafeteria		Slide	
Shop		Hallway		Swings		Swimming Pool	
Stairs		Climber		Other			

DID INCIDENT OCCUR ON SCHOOL BOARD PREMISES	YES		NO	
IF "NO" GIVE FULL ADDRESS OF INCIDENT SITE:				
DESCRIBE WHAT HAPPENED:				

C - WITNESSES			
NAME	AGE	ADDRESS	TELEPHONE

D - OTHER DETAILS			
NAME OF SCHOOL			
TEACHER IN CHARGE			
PRINCIPAL		DATE	
SIGNATURE		TELEPHONE	