

School District of Black River Falls STUDENT ACCIDENT REPORT

Name of Student \_\_\_\_\_ Social Security # \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Date of Accident \_\_\_\_\_ Time of Accident \_\_\_\_\_

Parent's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Father's Employer \_\_\_\_\_

Mother's Employer \_\_\_\_\_

Activity participating in when injured: (Check one)

\_\_\_\_\_ Classroom \_\_\_\_\_ Physical Education \_\_\_\_\_ Playground

\_\_\_\_\_ Other (specify) \_\_\_\_\_

Place of Accident \_\_\_\_\_

Cause of Injury (additional details may be written on reverse side) \_\_\_\_\_

Nature of Injury \_\_\_\_\_

Name of Supervising Teacher \_\_\_\_\_

Witnesses (name two persons) \_\_\_\_\_

Description of First Aid Care Rendered \_\_\_\_\_

Name of Person(s) Administering First Aid \_\_\_\_\_

Were parents notified? Yes \_\_\_ No \_\_\_ If yes, give date & time and by whom \_\_\_\_\_

Was student attended by a doctor? Yes \_\_\_ No \_\_\_ If yes, give doctor's name and date on which the student was seen: Doctor's Name \_\_\_\_\_ Date \_\_\_\_\_

Number of days absent from school as result of this injury \_\_\_\_\_

**Insurance form sent home with child on** \_\_\_\_\_

Date