

Howell Public Schools
Student Accident Report
(To be made out within 24 hours of accident)

Name _____ Address _____

Date of Accident _____ Time _____ Date Reporting _____

Parent(s) Name _____ Phone _____

School Attending _____ Age _____ Sex _____ Grade _____

Location of Accident _____
(e.g. Gymnasium, Baseball Diamond, Woodshop, Bus, etc.)

What was Person Doing (Be Specific) _____

Nature of Injury _____
(Cut, Bruise, Swelling, etc.)

Witnesses If None []

1. Name _____

2. Name _____

Signature of Responsible Adult in Area _____

Action Taken:

Returned to Classroom No [] Yes []

Taken Home No [] Yes []

Taken to Hospital No [] Yes []

Taken to Private Physician No [] Yes []

Parent Notified No [] Yes []

Other Individual Notified:

Name _____ Relationship _____

Signature of Person Administering First Aid _____

Follow-Up Information:

Date _____

Comments _____

Signature of Administrator _____