



## Accident Reporting Form

Employees are required to report **any or all** accidents involving pupils or employees to the school nurse within 24 hours of the incident

Injured Party Name:	Grade:
Grade:	Age:
Date of Incident:	Time of Incident:
Location:	
Parent information: (name, address, phone)	

***Description of Incident: (include how it happened, where it happened, the extent of injury and what care was taken)***

***Witness Information:***

Name	Contact Information

***Signatures:***

Nurse Signature:	
Date:	
Principal Signature:	
Date:	