

New Lebanon Central School Accident Reporting Form

Parent _____ Phone _____

Address _____

All employees are required to report any or all accidents, involving pupils or other employees, to the school nurse with-in 24 hours of any accident, giving the details in the space below.

Name of injured _____ Age _____ Grade _____

Time of accident _____ Date of accident _____

Class or activity attending _____ Sport or Game _____

Description of HOW and WHERE the accident happened:

Extent of injury:

Disposition of care:

Witnesses: _____, _____, _____

Date of Report _____ School Nurse Signature _____

Follow-up: Teacher/Teacher Aide/Coach _____
