

Policy Title: **Student Injury or Illness at School  
Accident Report Form**

Policy #506.7E1

Date and Time of Incident:

Location of Incident:

Parent's Phone Number:

Alternate Parent's Phone Number:

Name of Student:

Address of Student:

Please write a brief description of what occurred:

Please list any eyewitnesses to what occurred (attach statements, if any, to this report):

Please indicate what procedure was taken to resolve the incident:

Signature